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 **NORTON**
Healthcare

Another week, another court ruling and another potential problem for pharmacy. This time a Court of Appeal judge has ruled that medicines are merely 'household consumables' (p5), which rather undermines one of the arguments supporting resale price maintenance on over the counter medicines. As has been said many times, "medicines are not your average purchase, guv" and should be treated with the respect they deserve. For a judge to suggest that they are ordinary items of commerce again sheds light on the judiciary's understanding of the practice of pharmacy, as well as their scientific knowledge.

However, all is not bad this week. Following the attacks from Asda that RPM keeps OTC medicines prices artificially high, former pharmacy enemy John Bridgeman, Director General of Fair Trading, suggests that the power of the four main supermarkets may have reached a limit (p28). He is no longer sure that their continued success is in the best interests of the consumer. His unsaid concern is that the supermarkets command a large buying power, obtaining goods at lower prices, but do not pass the savings on to the consumer. After 15 years of the unchecked rise of the super supermarket, Mr Bridgeman has decided it might be worth a little investigation.

As National Pharmaceutical Association chairman Gaz Clapinski points out (p18-19), the supermarkets "have slashed the prices of toiletries and built up an illusion of cheapness". If RPM were to go, they would do the same with medicines initially, but gradually the prices would creep back up. Of course, that would be doubly punitive for the customer, as another oft repeated argument is that a supermarket shelf cannot add value to a medicine purchase like a pharmacist or trained pharmacy assistant can. Could Mr Bridgeman's action now save the high street?

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CHEMIST & DRUGGIST

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Round table date set

The first 'round table' meeting to discuss an extended role for community pharmacists in the NHS could be on September 22 or 23.

The Department of Health has suggested these dates for a meeting between the main pharmacy organisations and representatives of the medical and nursing professions. Health Secretary Frank Dobson announced at the Royal Pharmaceutical Society's NHS 50th anniversary celebration that the discussions would culminate in the publication this autumn of a new government strategy for community pharmacy (*C&D* July 4, p4).

C&D understands that the DoH is planning to write to pharmacy contractors on August 14, asking them for comments for discussion. PSNC's general secretary Stephen Axon was surprised by this.

Self-care research priorities

The Royal Pharmaceutical Society has published a booklet identifying 11 priority areas for pharmacy practice research into self-care.

The booklet, 'Self-care and pharmacy,' is the first of three reports setting out research agendas, in a programme being managed by the Pharmacy Practice Research Resource Centre. The report focuses on minor ailments, non-prescription medicines and health promotion, and suggests priorities including:

- pathways people take in the self-care of minor ailments.
- The impact of current or new models of remuneration.
- Attitudes of other health professionals towards pharmacy's role.

Copies of the report are available from the Society.

Boots' anti-smoking competition

Boots the Chemists is running a nationwide anti-smoking competition for children aged seven to 11.

They have to draw a picture and write a short statement on why smoking is unhealthy. Ten winners will receive £100 to spend in Boots and will get their entries published in the Government's Tobacco White Paper to be published later this year. The competition closes on September 1.

The campaign has the Department of Health's approval and was launched in a London Boots by Public Health Minister Tessa Jowell. She said the best way to reduce smoking-related deaths was to stop smokers from starting.

B6 restrictions delayed

New Agriculture Minister Nick Brown has confirmed that the Government is to delay introducing restrictions on vitamin B6 for at least 18 months. As a result, the Royal Pharmaceutical Society has modified its advice to pharmacists on displaying vitamin B6 products for self selection.

In a written answer last week, Mr Brown said that advice to the public will continue to be based on the controversial Committee on Toxicity of Chemicals report. "However, we accept that there is a case for delaying any action on vitamin B6," he said.

Instead, the Government will await the opinions of the new Expert Group on Vitamins and Minerals. This is looking at the safety control principles for vitamins and mineral supplements sold under food law. This could take between 18 months and two years with any legislation on the level of vitamin B6 in dietary supplements deferred until the Expert Group reports back.

It was predicted that Mr Brown's appointment could see the Government reconsidering its position on vitamin B, following news that previous agriculture minister Jack Cunningham had persuaded the Prime Minister to proceed with the regulation (*C&D* August 1, p6). The Commons' Agriculture Committee published its seventh report of this session, 'Vitamin B6: the Government's decision' on Tuesday.

Following the proposals to restrict vitamin B6, the RPSGB had recommended that products containing vitamin B6 with daily doses higher than 10mg should be removed from open display and treated as Pharmacy medicines.

It now says pharmacists should decide on whether to display such products for self-selection. "Pharmacists are, however, advised to bear the safety issues in mind when deciding on advice to provide to customers seeking

to buy higher dose products."

RPSGB secretary and registrar John Ferguson said: "In view of the Government's latest announcement, we feel it is now appropriate for pharmacists to decide their own policy on the display of products containing more than 10mg per day of vitamin B6.

"However, pharmacists should recognise that concerns about possible toxicity resulting from prolonged use at high dosage have not yet been resolved and consider how to advise customers requesting preparations containing higher doses."

Consumers for Health Choice which has been opposing the regulation of vitamin B6 was celebrating the deferral. "We have worked hard to get these proposals suspended," said CHC director Sue Croft. "COT's members are concerned with the regulation of pesticides and chemicals and are not equipped to judge an essential nutrient."

CPPE sets out strategy to 2001

The Centre for Pharmacy Postgraduate Education has launched its strategy to take continuing professional development forward to 2001.

CPPE has set out eight themes which it hopes will place "greater emphasis on a more holistic approach to patient care". In particular, it is keen to promote lifelong learning. A module differentiating CPD from continuing education will be included in its educational programmes.

At the launch last Wednesday, attended by health minister Alan Milburn, CPPE director Peter Wilson said that the new strategy reflects the changes in the developing NHS and the pharmacy profession. "[Learning programmes] will be evidence based, and because they focus on the needs of patients and carers, they will provide learning with a purpose," he said.

One of the strategy's key themes – lifelong learning – is also one of the priorities in the recent consultation paper on quality in the NHS. "It presents a particular challenge in devising ways to help pharmacists identify their own personal learning needs because, unlike today's students, many have not been taught how to do that," said Dr Wilson. He believes that implementation of clinical governance, with its emphasis on practice and CPD review, will be supportive.

Attitudes among newly registered pharmacists to lifelong learning are being studied with the aim of targeting CE programmes for them more specifically. This was necessary as commitment to CPD is most vulnerable at times of transition in a career, explained Dr Wilson.

Although CPPE stresses its major priority will be to meet the learning needs of community pharmacists, it will pilot programmes with hospital pharmacists later this year, as well as developing a joint learning programme for community and hospital pharmacists.

"We cannot achieve all this in isolation. The creation and maintenance of alliances in pharmacy and with other stakeholders in healthcare will be essential to the achievement of our aims," said Dr Wilson.

Mr Milburn welcomed the new strategy, saying that the work CPPE has done over the past few years "was such a conspicuous success story".

The new strategy is very much in line with the Government's thinking on modernising the health service, promoting excellence and instilling quality into all aspects of the health care system in the country, he said. He credited CPPE with taking significant strides forward, not least in the large numbers of pharmacists who have been taking part in CE.



Dr Peter Wilson (left) pointed out that in the first five years over 70 per cent of pharmacists had participated in CE through the Centre, amounting to 368,000 hours. This averages out at 630 workshops per year, and compares favourably with the situation before the CPPE was established. The DoH's chief pharmacist Bryan Hartley (right), who chaired the meeting, welcomed the strategy



Health Minister Alan Milburn quipped: "You also represent pretty good value for money. It's extremely helpful delivering 20 hours per community pharmacist for about £150 per pharmacist"

Painkiller pack for NPA members

To help its members cope with changes to regulations relating to aspirin and paracetamol, the National Pharmaceutical Association has produced a resource pack sponsored by Sterwin Pharmaceuticals.

The pack, posted out with this month's pink Supplement, consists of: a folder listing all the key points for pharmacy staff to remember; a showcard for display on the counter which advises customers that the largest pack of paracetamol or aspirin they can buy is 32 and a reassurance that these analgesics are safe and effective when used correctly; and a pad of 20 tear-off leaflets which can be given to customers who require more detailed explanations.

Research into new contract models

Barking and Havering Health Authority has commissioned MEL Research and Aston University to explore new models of contracting for pharmaceutical care services.

The consultants are reviewing the services pharmacists already provide, identifying examples of good and innovative practice, and looking at roles pharmacists would wish to develop in public health, major disease management, community care and as members of the primary care team.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried during July:

- Accidental poisoning (1095)
- Fat soluble vitamins (1096)
- Thyroid disorders (1097).

Pharmacy Update is a distance learning programme and is accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 44791 (premium rates apply). Internet users can catch up by accessing the dotpharmacy site (<http://www.dotpharmacy.com>) which has a library of previous modules and questionnaires. A telephone marking service is available for a fee of £12.50 plus VAT. A certificate is issued to verify the number of hours of continuing education achieved. Pharmacy Update is supported by Genus Pharmaceuticals.



Pharmacist fails to close Tesco kiosk

A pharmacist who accused supermarket giant Tesco of operating a chemists kiosk in one of its superstores in breach of planning controls had his last-ditch bid to close it down dismissed by three top judges, last week.

Ashok Pattani says the business of his pharmacy at Heybridge, Essex, is being seriously damaged by the rival outlet in Tesco's superstore at nearby Fullbridge, and that the supermarket pharmacy poses a grave threat to the continued 'vitality and viability' of the town centre shopping area.

He pointed to an agreement between developers of the Tesco store and Maldon District Council that it would only be used for selling food and "associated household consumables".

But, in a decision with wide-ranging implications, three Appeal Court judges unanimously ruled the words "associated household consumables" included medicines and that the Council's refusal to take enforcement action against Tesco had been lawful.

Lord Justice Pill told the court: "Some non-food use has long been contemplated in large stores of the type now under consideration, subject of course to planning conditions and agreements."

He ruled the sale of "drugs, medicines and perfumes in a pharmacy within a store selling mainly food" came within the terms of the planning agreement.

"That medicines and items such as elastoplast, bandages,

sleeping aids, cough and cold remedies can properly be described as household consumable I have no doubt," he added.

Lord Justice Henry and Lord Justice Brooke agreed that Mr Pattani's appeal against an earlier High Court ruling be dismissed and he was ordered to pay the Council's legal costs.

The Tesco pharmacy opened in September 1996, and there were concerns at the time that it would damage the vitality and viability of the town shopping centre, quite apart from Mr Pattani's own trade.

Mr Pattani's lawyers had argued that sale of prescription medicines constituted a "distinct primary use" of the supermarket for which specific planning consent was required.

Guild reluctantly accepts staged 3.8pc

The Guild of Healthcare Pharmacists has reluctantly accepted a staged increase in the national pay scales of NHS pharmacists of 3.8 per cent. Two per cent will be back-dated to April 1, rising to 3.8 per cent from December 1.

Members, who were consulted about the offer in June, expressed anger at the staging of a pay award, which is also below the RPI. They are particularly angry that some NHS groups have been offered much larger awards.

Gerry Looker, MSF section general secretary, said: "They [members] do not understand the management side approach in making this distinction when comparative salary levels for pharmacists in the private sector are exacerbating the problems experienced in recruitment and retention in the public sector."

Mr Looker has written to the Pharmaceutical Whitley Council management side asking why some groups appear to be more valued than others.

The joint working party on recruitment and retention of pharmacists continues to meet. Although the management has acknowledged that a problem may exist and that pay is one of many influencing factors, it is not prepared to move on the issue.

The agreement does not increase London allowances, which will be determined locally. Hours of work are being considered by the General Whitley Council in the context of "family friendly" employment policies currently under discussion. Paid study leave has been referred to the joint working group looking at recruitment and retention.

The spine points of the salary

scale will increase by equal increments of about 900 from April 1 and about 916 from December 1. Salaries therefore range from \$14,354 for the lowest Grade A to a top salary of \$43,170 in Grade H from April. From December the range will be \$14,607 to \$43,932. Preregistration graduates get \$9,127 rising to \$9,288.

The range for those providing an emergency duty commitment is \$16,155 to \$44,971 from April and \$16,440 to \$45,765 from December.

● The Commons' Health Committee is to look at future NHS staffing requirements in the autumn. Among the inquiry's terms of reference are assessment of factors affecting recruitment and retention and the adequacy of steps being taken to deal with any forecast shortages.

NPA concern over European Internet sales

The National Pharmaceutical Association Board has expressed extreme concern that a series of meetings has taken place at European level to discuss the possibility of introducing a single market in pharmaceuticals. It is also worried that no representatives of Pharmacy Groups of the European Union had been invited to attend these meetings.

Supporters of the single market in Europe favour complete deregulation, involving single pricing of pharmaceuticals, and wider availability of non-prescription medicines, including sales of medicines via the Internet, the Board was told at its meeting last week.

PGEU will seek representation at all future European meetings on the subject of a single market for pharmaceuticals and will argue for restricting medicines sales to pharmacies and banning Internet sales. A letter, jointly signed by the PGEU and the European Standing Committee of Doctors, has also been sent to all MEPs outlining the danger of Internet sales.

Emergency contraception The NPA is to support the principle of making emergency contraception available through community pharmacies. However, further work is needed to find the best way of doing this. Among the several significant issues for community pharmacy are protocols, record keeping, and training

as well as wider issues surrounding the pharmacist's role in sexual health education.

Quality in the new NHS The NPA, PSNC and RPSGB have agreed that a pan-pharmacy response will be made to the latest NHSE consultation paper, 'A first class service - quality in the New NHS', on the New NHS White Paper. It will focus on clinical governance and how the profession can work towards ensuring the establishment and maintenance of high quality services through the use of audit, standards and continuing professional development. As the body with the main responsibility for these three areas, the RPSGB will take the lead in the response.

Members support on PCGs The NPA's professional development department has proposed two further initiatives to support members actively involved on primary care group boards or management teams: a multi-disciplinary focus group to explore ways of producing pharmaceutical needs assessment plans will be set up; and a resource pack will be produced for members containing information on the structure and significance of HIPs, plus a draft 'response' document to feed into the HIP. Other pharmacy bodies will be asked to collaborate on these initiatives.

Viagra The NPA is to ask the Government to make the impotency drug Viagra available through primary care as the Gov-

ernment may decide to restrict Viagra's availability to the secondary care sector. The Board believes the public interest would be best served if people could obtain the medicine from their GP as those needing it would be able to obtain it more easily, but still receive the professional advice from GPs and pharmacists on its usage.

UKHCA The NPA has responded to the United Kingdom Home Care Association UKHCA's revised draft policy document on the administration of medicines by care assistants. The Board hopes that the document will point out that pharmacists and others may need funding for many activities. It is also asking to comment on a proposed medication record form.

Medicines reclassification While accepting MCA proposals to reclassify astemizole as a POM, the NPA believes this will further reduce the number of effective P-category hay fever remedies available. It is asking the MCA to consider making fexofenadine, which had a high safety profile, a P medicine. It also wants nasal corticosteroids product labels to carry a prominent warning that the product should not be used on children.

Very Low Calorie Diets The NPA is to take part in a focus group which will explore the pharmacist's role in advising on, and supplying, very low calorie dietary products to patients. The

supplier of an obesity management programme 'Lipotrim' has asked the Association to endorse its training material aimed at pharmacists. The Board is concerned about whether pharmacists should become involved in this area because of the possible dangers of low calorie diets and general medical opinion about their use in treating obesity.

NHSE/NPC resource document The NPA has responded to a draft Resource Document on Prescribing Advice to Patients, produced by the NHSE/National Prescribing Centre. It has stressed the need to give equal attention to the merits of using a practice pharmacist and a community pharmacist for prescribing support.

Drug Therapy The Board approved a response to the RPSGB's consultation document on 'Setting the research agenda for drug therapy and pharmacy'. Copies are available on request.

Community Pharmacy Research The NPA is to contribute up to \$30,000 towards a research project to demonstrate the role of the community pharmacist in managing common ailments. The proposal for funding was submitted by the Community Pharmacy Practice Research Consortium.

NHS 50th Anniversary The NPA's Family Competition received about 2,000 entries. The winners were presented with their prizes at the Ideal Health Show at Olympia.

NICPPET offering financial assistance to pharmacists for postgraduate training

Pharmacists in Northern Ireland are being offered financial assistance to take part in continuing education.

The Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training is offering pharmacists a number of bursaries towards the cost of undertaking a postgraduate qualification.

It is offering sponsorship for the following courses:

- MSc/Dip Community Pharmacy at Queen's University of Belfast. A two year distance learning course which costs \$1,200 per annum. Ten bursaries of 50 per cent are available
- MSc/Dip Clinical Pharmacy at Queen's University of Belfast. A

two year course combining distance learning and attendance, which costs \$1,200 per annum. Six bursaries of 100 per cent are available

- Certificate in Pharmacy Management at Queen's University of Belfast. A one year distance learning course costs \$300. Ten bursaries of 50 per cent are available

- MSc Primary Care at the University of Ulster. A three year course combining distance learning and attendance, which costs \$2,000 per annum. Three bursaries of 50 per cent are available.

For further details please contact Terry Maguire, director of the NICPPET, on 01232 272005.

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Boateng praises pharmacists in Commons

The work of community pharmacists visiting nursing homes has been praised by health under-secretary Paul Boateng MP.

Speaking in health questions last Tuesday, Mr Boateng told the Commons that "many examples of good practice" in pharmacy will feature in a joint report from the Department of Health and National Prescribing Centre this autumn. The report will highlight a number of areas where pharmacists have assessed prescribing for patients, including nursing home settings.

Mr Boateng singled out work at Manchester University. With pharmacists going "out and about in the community", particularly visiting nursing homes, the number of drugs prescribed per resident can be significantly reduced, stays in hospital can be reduced, and, significantly, the number of deaths is reduced", he said. "We want that good news and good practice replicated throughout the NHS."

New formats for drug alerts in September

Drug alerts issued by the Defective Medicines Report Centre of the Medicines Control Agency will be altered slightly from September 1.

In future, drug alerts in classes 1 to 3 will also carry the words 'medicines recall' in the title bar, and class 4 warnings will carry 'medicines defect information', alongside the recommended timescale for action.

An additional classification 'drug safety information' has been created. This will include information for immediate dissemination to relevant health professionals in working hours. It will help differentiate between quality and pharmacovigilance alerts.

The four classes of alert are:

- class 1 – action now, including out of hours
- class 2 – action within 48 hours
- class 3 – action within five days
- class 4 – caution in use.

Going for the sting

Insect stings and bites is the theme of the latest regional publicity campaign by the Royal Pharmaceutical Society's public relations department. The Society's head of practice Roger Odd appeared on BBC's Breakfast Television on Tuesday and regional radio stations have also publicised the campaign.



The strain of selling off specialist drugs

Another batch of large price increases has just been announced with the transfer of a number of Roche Products to ICN Pharmaceuticals Ltd (**Script specials** August 1). These are not the first low volume specialist drugs to be sold off by a large multinational, and I can understand the commercial logic of extending their useful life by transferring marketing responsibility to a smaller company that is more easily able to cope with the smaller volume of sales.

However, in this case, commercial logic has also resulted in a mammoth fourfold increase in the price to the NHS. It just so happens that I have two regular Myasthenia patients so my investment in Mestinon has risen overnight from £22 to £100, but for no improved return. I cannot afford to subsidise the NHS by this amount, so in future I will only order stock when I receive the script. I know that will mean a double journey for the patient but I am sure they will understand my predicament!

Meanwhile the continuing trend to off-load slow-moving or specialist drugs to smaller companies could be putting an added strain on scarce NHS resources. I am a little naive when it comes to

Topical Reflections

understanding the complexities of the pharmaceutical price regulation system, but the simple expedient of selling a drug appears to generate a large capital gain for one company while allowing the other to introduce astronomical price increases with impunity.

Now that might make for legitimate commercial trading, but it would appear to be a trade that is funded out of the public purse on the back of a fast-moving coach and horses riding roughshod over regulatory agreements.

Committed to commercial interests

I am pleased that Reckitt & Colman is showing its commitment to the pharmacy sector by identifying 'P' products with the full name Pharmacy, but what at first glance appears to be a pharmaceutical vote of confidence is more likely to be the pragmatic policy of backing the market both ways.

R&C is trying to impress its pharmacist customers by offering Pharmacy-only products with effective and recommendable formulations, but at the same time it is cross identifying its Lemsip brand in the grocery sector and then emphasising the description 'maximum strength'. The fact that it is the maximum strength allowed for GSL sale and not necessarily the most effective formulation is, of course, totally lost on the consumer happily self selecting cold remedies in the local supermarket!

Reckitt & Coleman is supporting pharmacy but it is

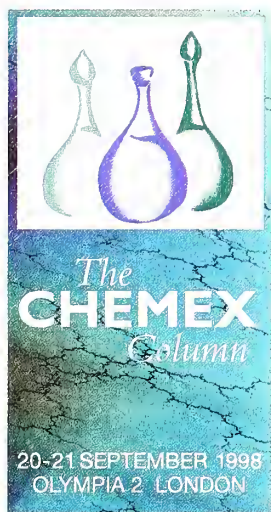
doing so to suit its own commercial interests. It is raising the profile of its 'P' products in order to sell more through the pharmacy sector – a policy I fully support. But I am under no illusions. R&C can no more be committed to pharmacy than it is to grocery and to imply otherwise is an insult to my intelligence!

Where's the rota service money?

I was sad, but not surprised, to read that Tees Health Authority has stopped the rota service in Stockton and Hartlepool (**News Extra** August 1). The increase in hours offered by supermarket in-store pharmacies has meant that many rotas are now surplus to requirements, but it is adding insult to injury to suggest that the now non-rota pharmacies should publicise the opening hours of their supermarket competitors.

I anticipate that the pharmaceutical response in Stockton and Hartlepool will be suitable to the occasion but more importantly I would question the fate of the money that is now no longer paying for rota service.

In many areas of the country the demise of rotas has enabled money to be diverted to funding out-of-hours emergency schemes. I trust Tees Health Authority is looking constructively at the total provision of its pharmaceutical service and not suggesting that this can be achieved by pocketing the money and instructing local pharmacies to send their customers to the local supermarket!



Be one of NPA's Village people

The National Pharmaceutical Association Village is traditionally one of the busiest areas of Chemex and this year is likely to prove no exception. With a variety of suppliers, a Question & Answer session and executives from almost every department at Mallinson House, the NPA Village is well worth a visit.

Business services manager Trefor Williams is looking forward to the two-day exhibition. "There are few occasions when we at the NPA can speak face-to-face with members and get feedback, which is stimulating for us. It also enables us to answer questions in a more relaxed atmosphere than phone calls from a hectic pharmacy. There's a two-way benefit as the information we get on business, trade or professional matters feeds back for the benefit of all our members."

Another opportunity for pharmacists and executives of the NPA to interact is the seminar on Sunday, which takes the form of a Question & Answer session. Pharmacists will be able to quiz NPA director John D'Arcy, business services manager Trefor Williams, and head of public relations and professional development Colette McCreedy on issues

ranging from primary care groups and medication management to manpower and training.

Suppliers also recognise the value of Chemex, says Mr Williams. "It is one of the few opportunities for suppliers of business to business equipment and services to get direct contact with large numbers of pharmacy owners. Suppliers then get direct feedback from users which is better than second-hand feedback through the NPA."

A first-time exhibitor at the NPA Village is Charles Russell Solicitors, which is one of the NPA's principal legal advisers. Mr Williams stressed that "legal advice is available to members from NPA executives but pharmacists will have the opportunity to strike up a direct relationship on more complex issues with the firm of solicitors if they so wish".

Other exhibitors at the Village include Positive Solutions, which will be launching a new small touchscreen Analyst, designed to provide pharmacy solutions for stock reduction, higher profit margins and increased turnover.

New from Nor Systems is Speedstar – a fully portable in-store label printing system priced at less than \$500.



NPA director John D'Arcy will take part in a Q&A session...



... as will business services manager Trefor Williams

Electronic message gets through at Chemex

Chemex '98 will provide an ideal platform for Pharmed to generate awareness about its electronic messaging system.

A non-profit making organisation, Pharmed was established a year ago to facilitate open industry standards enabling secure electronic messaging between pharmacy, GPs, and other primary health care professionals.

The initial emphasis is on electronic prescribing, with prescription information sent by encrypted e-mail to the phar-

macy of the patient's choice, via NHSNet or the Internet. During the first half of this year, the organisation has concentrated on developing new channels of communication between the relevant professions and individual health care professionals.

Last month, Pharmed unveiled its newly updated web site (www.pharmed.org.uk), which includes a restricted area for members of the new Early Adopter Programme.

PharMed. Tel: 01527 871958.

PRODUCT INFORMATION: NUROFEN

ADVANCE. Tablet containing: 342 mg of ibuprofen lysine (equivalent to 200 mg ibuprofen). **Also contains:** Povidone, Microcrystalline Cellulose, Magnesium Stearate, Hydroxypropylmethylcellulose, Hydroxypropyl Cellulose, Titanium Dioxide (E171). **Indication:** For the relief of mild to moderate pain, including headache,

rheumatic and muscular pain, backache, neuralgia, migraine, dental pain, dysmenorrhoea, feverishness, symptoms of cold and influenza. **Dosage:** In Adults and Children 12 years of age and older – Initial dose: 2 tablets with water followed by 1 or 2 tablets every 4 hours if necessary. Do not take more than six tablets per day.

Precautions and Warnings: History of hypersensitivity to any component of this product or to any non-steroidal anti-inflammatory drug. Cross reactions may occur with this drug class. Active gastrointestinal ulcer. Children under 12 years. **Precautions:** patients will be instructed to consult their doctor if symptoms persist for more than three days. Patients should seek medical advice if pain or fever worsen, or new symptoms occur. Use Nurofen Advance with caution in patients with asthma or a history of asthma. Side effects: the following, although not exhaustive may occur with Nurofen Advance/or ibuprofen. Common (>1%): dizziness, epigastric pain, fatigue, headache, dyspepsia, diarrhoea, nausea, rash. Less common (0.01-1%): allergic reactions (swelling, hives), rhinitis, GI bleeding, peptic ulcer, insomnia, visual disturbances, hearing disturbances. Rare (<0.01%): oedema, leucopenia, thrombocytopenia, aseptic meningitis (usually in patients with autoimmune disease), GI perforations, liver function abnormalities, depression, renal dysfunction. Nurofen Advance like ibuprofen acid may prolong bleeding time by reversible inhibition of platelet aggregation. **Product Licence**

Number: PL 13249/0001. **Licence holder:** Johnson & Johnson MSD Consumer Pharmaceuticals HP10 9UF.

Manufactured by: Merck Manufacturing Division, NE23 9JU. **Legal Category:** P.

Price: Nurofen Advance 10s £1.65, 20s £2.89, 40s £5.45. **Date:** November 1997.

References. 1. Nelson SL, Braham JS, Karn *et al.* Clin Ther 1994;16:458-465. 2. Mehlich DR, Jasper RD, Brown P *et al.* Clin Ther 1995;17:852-860. 3. Hummel T, Huber H, Kobal G. Pharmacology Communications 1995;5:101-108. 4. Cooper SA, Reynolds DC, Gallegos LT *et al.* Clin Pharmacol and Ther 1994;55:126 and Data on file, Boots Healthcare International.



**CROOKES
HEALTHCARE**

www.nurofen.com

Aromatherapy launch

Essential Beauty Supplies will be launching its Indra Aromatherapy Perfumes range to the pharmacy trade at Chemex '98. The range comprises three spray perfumes – Peace, Unity and Energy. Blended from pure essential oils, the perfumes are presented in 50ml frosted bottles. Special offers with free stock will be available. **Essential Beauty Supplies. Tel: 01823 433600.**

Free facial moisturiser

Australian Bodycare will be promoting its tea tree oil-based skin care brand and Ketsugo range at Chemex '98. From September 20, the company is running a free Facial Moisturiser promotion (£8.99) with any two purchases from the Australian Bodycare and Ketsugo ranges. **Australian Bodycare Ltd. Tel: 01892 750888.**

Look sharp

ReadySpex has appointed Peer Ltd as its distributor for the South West and Wales. The ReadySpex range of bar-coded, self-select reading glasses (retailing from £2.99 to £9.99) will be on display at Chemex '98. A starter pack will be supplied on a two month, no-obligation trial with a free display carousel which includes an integral test card to help customers choose the correct optical magnification. **Peer Ltd. Tel: 0500 605000.**

Have cup, will travel

The Travel Happy Cup – a sealable trainer cup – will be on display on the Product Technology stand. It features a single piece, snap-on 'twist to seal' lid and ideal 'flow-rate' to encourage each individual child to develop natural drinking skills at their own pace. **Product Technology (UK) Ltd. Tel: 01633 838080.**

Advance hits TV



**Nurofen Advance
bursts onto screens
nationwide in
August with a
massive £2.5m TV
campaign.**

Nurofen Advance is a unique Pharmacy only innovation which contains ibuprofen lysine. A number of studies have each shown that ibuprofen lysine gets to work significantly faster than solid dose forms of aspirin,¹ paracetamol² and even standard ibuprofen.^{3,4}

This new TV campaign will fast forward customers into your pharmacy – so bring your customers up to speed and recommend fast-acting Nurofen Advance to provide rapid pain relief for them and rapid profits for your pharmacy.

Major campaign throughout August

Faster by Design



COUNTERpoints

Nurofen Advance in £2.5m TV campaign

Crookes Healthcare is supporting Nurofen Advance with a £2.5m national TV advertising campaign which runs until the end of the month.

As well as the TV exposure, around programmes including Coronation Street, ITN News, the Jerry Springer Show, Duck Patrol and the Big Breakfast, there will be a dedicated radio campaign in the London region.

The advert features an office-bound executive suffering from a tension headache and, using a clock mechanic, it stresses the speed at



which Nurofen Advance is absorbed to tackle the pain.

Senior product manager Sean Keily said: "This new advertising

for Nurofen Advance will drive significant sales growth at a time when we anticipate growth for the Nurofen range as a direct result of the implementation of the MLX231 ruling."

Nurofen Advance is a Pharmacy-only product which contains the active ingredient ibuprofen lysine. A number of studies have reported that this form of ibuprofen begins to work faster than solid dose aspirin, paracetamol and even standard ibuprofen.

Crookes Healthcare.
Tel: 0115 9539922.

OTC Fam-Lax adds senna

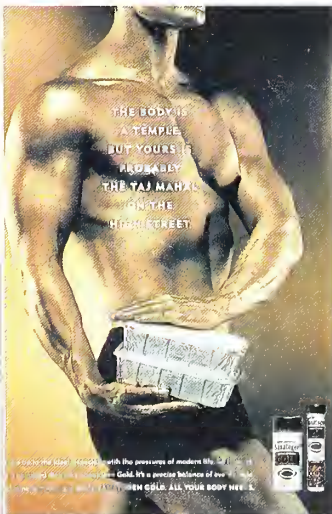
Over the counter formulations of Fam-Lax will contain senna instead of phenolphthalein from August 10.

Each Fam-Lax Senna tablet will contain turkey rhubarb 150mg, senna leaf 60mg and Irish moss 40mg. The recommended dose is two tablets taken with water at bedtime. A bottle of 30 tablets retails at £2.89.

The phenolphthalein formulation will be available again from September 16 as Fam-Lax Phenolphthalein, a Prescription Only Medicine.

Torbet Laboratories Ltd.
Tel: 01622 762269.

Sanatogen ads target the lads



Loaded, FHM, Maxim, FourFourTwo and Men's Health, focuses on Nineties man's poor eating habits and reliance on takeaway and convenience foods.

In a spoof on the Calvin Klein posters, it shows a bronzed male torso with two takeaway food containers to preserve its modesty. The strapline reads: "The body is a temple ... but yours is probably the Taj Mahal on the High Street."

Sanatogen says purchases by men account for 35 per cent of the total VMS market and its decision to target younger men is a new departure for the brand.

Sanatogen Gold contains 31 nutrients and is available in packs of 30 and 90 tablets and 15 effervescent tablets.

Roche Consumer Health.
Tel: 01707 366000.

Sanatogen is putting \$250,000 behind Sanatogen Gold to attract young men to the multivitamin and multimineral supplement market.

The new advertising campaign, which starts in the August issues of men's magazines such as

Fujifilm on line with Fotonex

Fujifilm has added a new Fotonex site to its web site to support its range of Advanced Photo System cameras. The Fotonex site is an interactive series of web

pages including moving images displaying the different features of the cameras.

Fuji Photo Film (UK) Ltd.
www.fujifilm.co.uk.

Bugbusting on TV with Dettol's national campaign

Increasing outbreaks of *E coli* food poisoning have prompted a new national TV advertising campaign for Dettol Antibacterial Liquid Wash.

The campaign, which is on throughout August on ITV, GMTV, Channels 4 and 5 and satellite stations, shows how easily bacteria are spread through the home.

It shows a woman

spreading germs as she moves from the kitchen to the bathroom and the transfer of bacteria from the hands with germs represented by a red dot.

Adam Rodgers, assistant brand manager for Dettol, said: "Few people realise that most cases of food poisoning occur within the home and that a lack of washing hands is one of

the factors responsible for the transfer of germs."

Dettol Antibacterial Liquid Wash (rsp £1.65) helps to kill bacteria which may cause common infections. It is pH balanced and contains a special agent to help retain the skin's natural moisturisers.

Reckitt and Colman Products.
Tel: 01482 326151.

Dietary aid from Pharma Nord



Bio-Slim is a new dietary supplement from Pharma Nord formulated to help control weight.

Each Bio-Slim capsule contains chromium 30mcg, co-enzyme Q10 10mg, carnitine 50mg and natural fibre (*Garcinia cambogia*) 300mg. One capsule should be taken three times a day, 30

minutes before each meal. The retail price for 30 capsules is £9.95 and £19.95 for 90 capsules.

Bio-Slim is not a meal substitute but should be taken with a calorie-controlled diet.

Pharma Nord (UK) Ltd.
Tel: 01670 519989.

Cut-price camera from Konica

A special deal on Konica's Issimo Advanced Photo System single-use camera sees the trade price down from \$6.16 to \$4.15.

The 25-shot Film-In Issimo is small enough to fit into the palm of the hand and features a retractable flash and an F/8.5 fixed focus lens. It normally retails at \$9.99.

Sarah Estall, marketing manager for Konica UK, said: "We suggest dealers take advantage of the promotional price to stock up, and use the price cut to fund their own promotional offers for customers."

Konica UK.
Tel: 0181 751 6121.

*Bartholomew
Rhodes*



INTRODUCING New & Exclusive Generics

In addition to the existing Isotard 60XL Tablets (28)
(Isosorbide Mononitrate Modified Release Tablets)

Isotard 25XL Tablets (28's)

Isotard 40XL Tablets (28's)

Isotard 50XL Tablets (28's)

Now Available From:-

Craig Generics

Doncaster Pharmaceuticals

Enterprise

Europarm

- European Pharmaceuticals Group

Freeman Pharmaceuticals

Impharm Nationwide Ltd

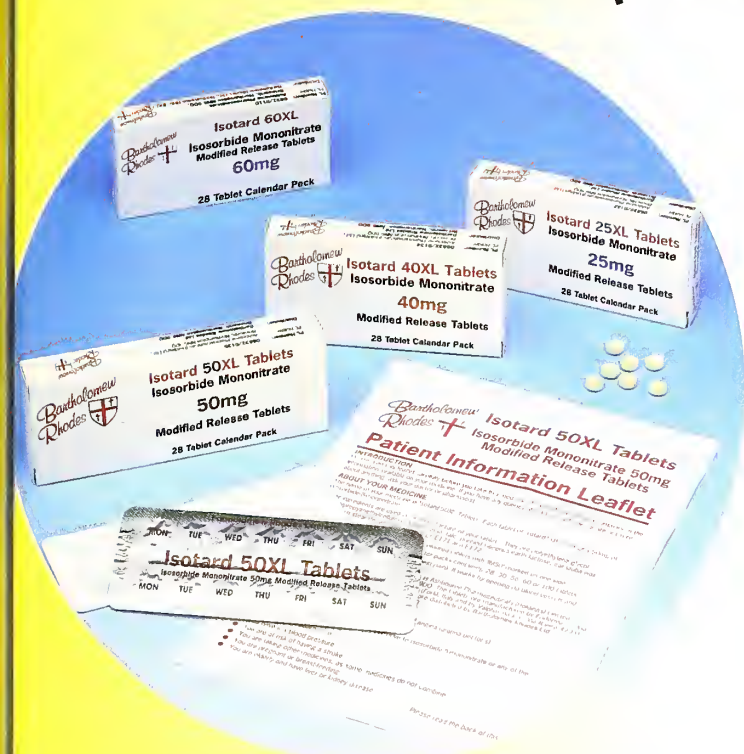
Mawdsley Brooks & Co. Ltd
(West Bromwich, Salford & Yorkshire)

Medihealth

National Generics

Numark Wholesalers

Waymade Healthcare Plc



NOTE

NHS reimbursement prices are as follows:-

Isotard 25XL Tablets - £10.99, Isotard 40XL Tablets - £15.36,
Isotard 50XL Tablets - £16.49, Isotard 60XL Tablets - £16.71.

As these products are Modified Release,
reimbursement is based on Chemist and
Druggist list price.

Sensodyne, Pooh and Piglet

Stafford-Miller has launched a new Winnie the Pooh toothpaste.

Winnie the Pooh and Piglet are featured on the 75ml stand up tube, which is easy for small hands to grip. The toothpaste, targeted at children from the age of three, has a low fluoride formulation and a tutti frutti flavour. It complements Sensodyne's Winnie the Pooh toothbrushes, which have a specially-designed chunky handle. **Stafford-Miller Ltd.**
Tel: 01707 331001.



Guerlain's harmony in blue

Guerlain has redesigned its L'Heure Bleue eau de toilette and eau de parfum atomisers to reflect the shape of the classic perfume bottle.

L'Heure Bleue bath products, which have been reformulated to make their fragrance more lingering and more faithful to the original perfume, are also presented in a similar bottle to harmonise the range.

The L'Heure Bleue range includes a 50ml EDT spray (rsp £39.50), eau de parfum (£32, 30ml; £58, 75ml), body lotion (£29.50, 200ml), bath and shower gel (£24, 200ml).

Guerlain Ltd
Tel: 0181 998 3367.

Asian inspiration for autumn

A fabric bag filled with spices – a gift to creative consultant Denise Markey from a photographer travelling in Asia – inspired her autumn range for Club Monaco Cosmetics.

The result is a collection of shimmering colours which include eye colours (rsp \$9.50), lip gloss (rsp \$10) and nail colours (rsp \$8).

Aspects Beauty Company
Tel: 01273 400085



Colgate TV ads cause a Sensation

Colgate is repeating its successful 'dive' TV advert for Sensation Deep Clean toothpaste.

The nationwide campaign runs until August 25 and aims to convey the exhilarating experience of using

Sensation Deep Clean.

Colgate says the advert has already helped boost sales of the brand, which now claims a 4.6 per cent share of the market.

Colgate-Palmolive (UK) Ltd.
Tel: 01483 302222.

Mystery and magic from Dior

Dior opts for mystery and magic with its autumn and winter make-up collection, Les Tenebreuses.

The collection offers three colour palettes: Jade Night, with a five-colour eyeshadow palette (rsp \$29) and Diorific lipstick (rsp \$15) and nail polish (rsp \$11.50) in Big Bang Brown; Purple Moon, with a limited edition eyeshadow palette and lipstick and nail polish in Violet Twist; Autumn

Equinox, with an eyeshadow palette, Brown Tom Tom lipstick, Bronze Gold nail polish and limited edition lipstick and nail polish in Sienna Snap.

The collection is completed with a lip liner pencil in Nude (rsp \$10).

Also new from Dior is Teint Diorlight, a sheer, oil-free luminous finish SPF10 foundation (rsp \$19.50 for 30ml).

Parfums Christian Dior (UK) Ltd.
Tel: 0171 235 9510.

Brand building for Savlon

As part of its brand-building programme for Savlon, Novartis is running a £1m consumer advertising campaign until the end of November.

The adverts, appearing in the women's press and specialist parenting magazines, are designed to highlight Savlon's position as a leading

antiseptic cream and its range of family first aid products.

The Savlon range includes: Antiseptic Skin Healing Cream, Antiseptic Wound Wash, First Aid Kit, Concentrated Antiseptic Liquid and Dry Spray. **Novartis Consumer Health.**
Tel: 01403 210211.

Hollywood hunks lose out

Movie star hunks Leonardo DiCaprio and George Clooney are not the men of every woman's dreams, according to Durex's Summer Sex Survey. Only 9 per cent said they would rather have a romantic dinner with a

star instead of their partner, but the men interviewed were not so faithful. Just 18 per cent opted for dinner with the missus. NOP interviewed 1,343 adults for Durex in May and June. **Durex.**
Tel: 01992 451111.

'Web rage' sufferers chill out

Superhighway surfers have been found to be suffering from a new phenomenon – 'web rage' – mounting frustration because the net is too busy and too slow, according to research by the makers of indigestion remedy Rennie.

These findings have led to the Rennie web site (www.rennie.co.uk) offering its users a stress busting advice clinic, complete with tests for surfers to diagnose their own stress levels. **Roche Consumer Health.**
Tel: 01707 366000.

Virtual salon selects styles

Salon Selectives is giving consumers on line access to hair care advice on its new web site.

The site features the Salon Selectives Big Night Out, where visitors to the site choose a stylist and go to the virtual hair salon to receive hair care tips and information on Salon Selectives products.

The Style File lets them input their face shape, hair type and length to see different style options to suit them.

One consumer each month will win a night out with four friends. **Salon Selectives.**
www.salonselectives.co.uk

Twin Tissues

Kleenex has introduced twin packs of its 'kind' facial tissues Kleenex Ultra Soft (rsp £2.89) and Kleenex Balsam (£3.45). Both are available now. **Kimberly-Clark.**
01732 594 367.

Ultraglow offers a little extra

Ultraglow has a special 33 per cent free offer for retailers stocking its Magic Lips Range.

The minimum order for the promotion is four sets of six shades, giving six free, and retailers ordering six each of all eight shades will pay for 36 and receive 12 free.

Magic Lips has a special formula which allows the colour to change according to the pH of the wearer's lips, creating a customised colour.

Ultraglow is also running two consumer promotions. There is a free Ultraglow Compliments lipstick in Golden Rod with every purchase of £6.95 or over from the powders range, and a free velvet vanity bag with any bronzing powder purchase of £10.95 or over.

Promotions run from September to the year end. **Ultraglow Cosmetics Ltd.**
Tel: 01206 862762.

PLAQUE PLAQUE PLAQUE

NEW MACLEANS DIRECT ACTION. UP TO 47% MORE EFFECTIVE AT REDUCING PLAQUE BUILD-UP THAN BRUSHING ALONE.*

New advanced formula Macleans Direct Action has a higher level of antibacterial CPC at 0.1% w/w. This level delivers increased binding of antibacterial to tooth enamel,* and is clinically proven to give superior plaque inhibition, which helps give greater protection against gum disease.

The Macleans Direct Action formulation, in fact, is proven to be 20% more effective at plaque reduction than a leading anti-plaque mouth-rinse.*

As Macleans Direct Action is designed for daily use, it's particularly useful for patients requiring on-going anti-plaque protection e.g. orthodontic patients. Additionally it has a neutral pH level, a low alcohol content at 8% and contains fluoride to help strengthen teeth and fight tooth decay.

For further information call 0500 888878



macleans

**DIRECT ACTION. THE FIRST
MOUTHWASH DESIGNED TO BRIDGE THE GAP
BETWEEN MAINSTREAM AND TREATMENT WASHES.**

SB
oral health care
Good Clinical Practice

*Macleans' and 'Macleans Direct Action' are trademarks.
*Source Data on file.

A Natural Instinct for success

Claire's Natural Instincts hair colorant has proved a winner

with readers of *Marie Claire Health & Beauty* magazine.

The product was voted Favourite Home Hair Colour Product in the magazine's 1998

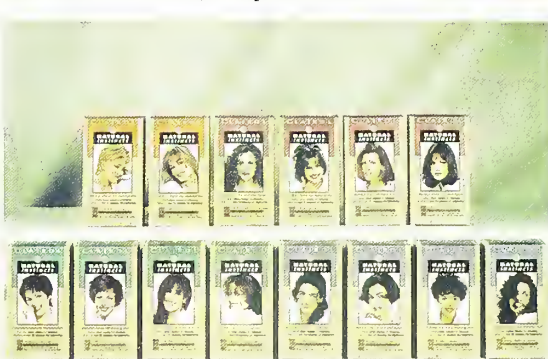
awards, which are decided by readers.

Natural Instincts (rsp \$4.69) is an ammonia-free, low-peroxide

jojoba and ginseng. It enhances natural hair colour for up to 24

shampoos and comes in 14 shades.

It now offers improved aftercare, with new Aloe Replenishing Conditioner which users say leaves their hair noticeably softer and shinier.



conditioning colorant which contains aloe,

Bristol-Myers Co Ltd.
Tel: 01895 628000.

Bourjois banishes dark circles

Dark circles under the eyes are the first sign of tiredness, whether it is due to too much work or too much play.

Bourjois says it has the answer with new Anti-Cernes Lumière (rsp \$4.95), a light-reflecting concealer with a brush applicator.

The company says the product is ideal for concealer users who

would prefer an easier-to-manage fluid.

Anti-Cernes Lumière comes in Peau Claire (ivory beige) and Peau Mate (light beige).

Conte de Fée is the autumn and winter make-up collection from Bourjois. It includes nail polish, eyeshadows and make-up cream.

Bourjois.
Tel: 0171 462 4906.

Halo sees the light

Halo, the low-calorie, reduced-fat chocolate bar company, is celebrating the success of its competition to win getaway breaks to a lighthouse. The 'See the Lite' competition was run to highlight the launch of three new variants. It attracted more than 3,000 entries.

Halo Foods Limited.
Tel: 01654 711171.

A touch of velvet

Protection is the name of the game for Yardley's new Lip Velvet range (rsp £5). The 18 shades offer an SPF of 30 for UV protection and the moisturising formula protects against dryness while giving a velvety-matt finish.

Yardley of London.
Tel: 01268 522711.

Signs of the times

Graphics Pavement Signs has supplied freestanding poster holder displays to Parasol Portrait Photography which specialises in in-store baby and child portraits. **Graphic Pavement Signs.**
Tel: 01462 673831.

Network Health and Beauty offers Christmas savings

Network Health and Beauty is offering consumers Christmas savings of up to a third on its Cachet range for women and Noir for men.

Cachet is promoting

L'Oréal finds new body art identity

L'Oréal has entered the world of body art with a collection of colours and patterns for both body and hair.

L'Oréal ID, which will be available from November, draws inspiration from tribal tattoos, Eastern henna painting and futuristic industrial logos, to offer temporary body decoration "without the commitment".

The body range consists of Mehndi kits (traditional method of decorating hands in India and the Middle East) in black, white or brown ink (\$8.99) and three stencil patterns (\$1.99 for a pack of three). The ink lasts for up to eight hours but can be washed off

with soap and water.

Also in the range is ID body art pencils which come in four shades and last three days without rubbing off on clothes (\$3.99). Tattoo transfers come in five mixed packs (three transfers per pack retail at \$2.99) and last up to seven days but can be removed with alcohol.

The hair range comprises six shades of hair colour mousse and five hair mascaras which are priced at \$5.99 each. The products can be washed off with ordinary shampoo.

L'Oréal ID opens a new product category within the beauty market which L'Oréal plans to add to.

L'Oréal.
Tel: 0171 937 5454.

Germ-free message from Carex



Cussons is stressing the importance of germ-free hands in a \$3.5m TV, press and poster campaign for its Carex handwash with Dermalacens.

The peak-time TV campaign begins on August 17 on ITV, Channels 4 and 5, cable and satellite and runs for four weeks. It focuses on the improved antibacterial and

moisturising qualities of Carex with Dermalacens.

Press advertising runs alongside the TV campaign and continues until October in the women's and parenting press and a separate campaign for new variant Carex Hypo-Allergenic runs from September until Christmas.

Cussons (UK) Ltd.
Tel: 0161 491 8000.

Nail Magic - naturally

Nail Magic has launched a new Natural Colours nail polish collection.

The six shades, including palest pink and warm bronze, all have the

strengthening properties of the original Nail Magic nail strengthener and cost \$2.95.

Jica Beauty Products.
Tel: 0181 979 7261.

ON TV NEXT WEEK

Advil: LWT, CAR, C5, Sat

Arrid XX: C, A, HTV, W, M, LWT, CAR, C4, GMTV, C5, Sat

Canesten Combi: All areas

Centrum Select 50+: C4

Clinomyn Smokers Toothpaste: A, C, C4, C5, CAR, G, HTV, LWT, M

Diffucan One: B, G, C, HTV, M, LWT, CAR

Imodium Plus: All areas

Jungle Formula: GTV, STV, G, A, M, ITV

Just for Men: All areas

Listerine antiseptic mouthwash: GTV, STV, G, A, M, ITV

Macleans Whitening: All areas except U

Poli-Grip: All areas except B, CTV, W, C4, GMTV, TSW

Sensodyne toothpaste/Gentle mouthrinse: All areas

Slim Fast: All areas

Wella ShockWaves: Sat

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TSW TV South West, TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

Someone to watch over you

Do you feel your experience could benefit fellow pharmacists or do you need support in developing your own career? If so you might consider taking part in a mentoring pilot scheme, soon to be launched by the National Association of Women Pharmacists. Adrienne de Mont talks to two of the organisers



Mentors will have experience they can share with others

The ancient Greeks knew a thing or two about mentoring. Odysseus put his respected friend Mentor in charge of his household when he left for Troy. In particular, he needed someone to advise his young son Telemachus.

Since then, mentoring has evolved to become a one-to-one relationship in which the mentor supports the career and development of another person, the mentee. It is a sheltered, non-judgmental relationship that allows experimentation without losing face. It gives people the chance to thrash out ideas without being beaten down.

Brenda Ecclestone from NAWP realises that she benefited from mentoring before it had any clearly defined structure. In the late 1950s, when she was a young pharmacist working at St James' Hospital in Leeds, her chief pharmacist John White insisted she gave lectures to nurses. She hated the idea at first, but with his support managed to survive and realised the benefits of broadening one's horizons.

Continued support

"He was very anxious that I should increase my pharmacy experience as much as possible," she says. Nothing unusual in that, but his advice and support continued long after she had stopped working for him. She was reminded of his help more recently when she became a CPPE tutor for Gloucestershire.

"Establishing contact with many community pharmacists brought home to me what a lonely life some of them lead. They are working so hard they don't have time to look over the fence to consider whether they need a career change."

She and other members of the

NAWP Executive thought a formal support system might benefit pharmacists. So the committee set up a pilot scheme.

Mentoring is becoming increasingly popular in the professions and industry. NAWP is not aware of any existing schemes in pharmacy, although the Industrial Pharmacists' Group is considering a similar approach to help pharmacists back into the industry.

A key benefit is that the mentor acts as a sounding board outside the usual work hierarchy. Brenda thinks this impartiality is particularly important: "It can be difficult for an employee to discuss a possible career move with his or her boss. And, although I had a very good relationship with my first boss, mentoring could work equally well or even better with a complete stranger who might perhaps be more objective."

Mentoring could help pharmacists who need guidance in developing their careers or who have had career breaks and want to get back into practice. It could help those wishing to move from one branch of the profession to another, or set up in business. It is not the same as work-shadowing, in which one person works alongside someone who is more experienced, although a pharmacist wishing to do this might be put in touch with another who could help.

Mentors would be pharmacists who believe they have experience they could usefully share with others. Says Dr Christine Heading, NAWP vice-president: "They may have run their own business, been a locum, returned to practice after having a family, changed careers or even been in pharmacy politics – anyone who feels they could give useful advice to others."

Now working freelance as a scientific writer, she comes from an academic and industrial pharmacy background and has had experience of mentoring in education. Brenda has spent a day as an observer at a training course organised by the Museums Association which is setting up a similar facility.

The mentors would be unpaid but would be expected to devote no more than a couple of hours a month to their mentee. The contact would usually be by telephone, rather than face to face, so distance between the two would not be a problem. The mentors would receive training and guidance; their key roles would be to identify the mentee's needs and objectives, help them overcome difficulties, facilitate learning and give honest feedback when asked. Networking would be important, so the mentor should have a broad range of contacts and experiences. Mentees would choose mentors according to their own needs.

Strict protocols would be laid down, defining the obligations on both sides.

"The relationships will be built on mutual respect and it will be important not to raise false hopes," says Brenda. "The mentor is not an interferer. He or she would not be expected to phone the mentee's boss and say 'You're treating so and so very unfairly'. But if the mentee was finding a superior difficult to get on with, having a mentor might relieve some of the tension and help the mentee to see the problem in a new light."

Equally, the mentee should understand that the mentor might not appreciate being woken in the middle of the night, so the two would have to negotiate contact arrangements. Mentees would be responsible for all contact with the mentor and would pay any costs, although these should be minimal – mainly postage and phone calls.

NAWP is hoping to recruit mentors and mentees for the pilot project at a meeting on September 7 in Eastbourne, before the start of the BP Conference. The meeting intends to look at existing schemes and what might be achieved in pharmacy.

Women only

The pilot aims to determine the mentoring needs of pharmacists and the feasibility of running a permanent scheme. Initially it will be open only to women pharmacists, including those not in paid employment, but it is planned to extend the scheme to men. Most mentees are likely to be between 25 and 50, but any age will be accepted. The pilot will start as soon as enough participants are recruited and there will be a major review after 12 months.

The scheme is not intended to support pharmacists who are under stress or who have alcohol or drug-related problems, as the Listening Friends and Sick Pharmacist schemes already cover these. Mentoring also differs from the professional tutorship offered to those taking exams.

NAWP would be interested to hear from any pharmacy company or organisation already running a mentoring scheme. Anyone willing to help or offer information should contact Mrs Ecclestone at Princess Royal Cottage, Butterow West, Rodborough, Stroud, Gloucs GL5 3UA (01453 759516) or Dr Heading at 11 Kingsend, Ruislip, Middlesex HA4 7DD (01895 631779).

Gabitril: add-on therapy for epilepsy

Gabitril (tiagabine) is a new anti-epileptic drug from Sanofi Winthrop indicated for add-on therapy in adults and children over 12 years old.

Tiagabine acts as a gamma-aminobutyric acid (GABA) uptake inhibitor and is considered to have an improved ability to cross the blood-brain barrier. Clinical trials have shown tiagabine doses of equal to or less than 64mg/day, taken for seven-12 weeks, reduced both complex and partial seizure frequency by half in 8-31 per cent of patients and 28.2-37 per cent of patients

respectively. Tiagabine produced a sustained reduction in seizure frequency of up to 12 months.

The initial dose for patients on enzyme-inducing anti-epileptic drugs is 5mg twice daily for one week followed by weekly increments of 5-10mg/day (see Summary of Product for titration table). The usual maintenance dose is 30-45mg/day, divided into three doses. Patients not taking enzyme-inducing drugs and those with mild to moderate hepatic impairment can have lower maintenance doses of 15-30mg daily. On withdrawal,

doses should be tapered off over 2-3 weeks.

Tiagabine may cause dizziness and other CNS-related symptoms during initial treatment. Other common side effects include tiredness, nervousness and tremor. Recurrence of behavioural problems have been noted.

Gabitril tablets come in three strengths: 5mg (50, \$22.69; 100, \$45.37), 10mg (50, \$45.37; 100, \$90.74), and 15mg (50, \$68.06; 100, \$136.11).

Sanofi Winthrop Ltd. Tel: 01483 505515.

Xenical expected in UK in September

Xenical, the novel anti-obesity drug from Roche, has just received approval in Europe, paving the way for a UK launch in September.

Xenical contains orlistat, the first of a new class of slimming drugs called lipase inhibitors. Orlistat acts locally in the gastrointestinal system, preventing the absorption of up to 30 per cent of fat. Xenical (each capsule contains orlistat 120mg) needs to be taken three times a day with meals.

Taken in conjunction with a mildly low calorie diet, orlistat can be used to reduce weight and prevent weight gain in obese

patients (body mass index of 30 or above). It is also indicated for use in overweight patients (BMI over 28) if risk factors such as high cholesterol, hypertension or non-insulin dependent diabetes are present.

Studies of patients on orlistat have shown average weight losses of 10 per cent within one year of treatment. Xenical-induced weight loss also helped improve cardiovascular risk factors and high cholesterol.

Xenical is already available to patients in the Far East and Latin America.

Roche Products Ltd. Tel: 01707 366000.

More dermatology training needed for pharmacists

Pharmacists need to be better trained in dermatology if they are to manage patients with skin diseases more effectively.

In its new report, the All Party Parliamentary Group on Skin (APPGS) found few pharmacists specialising in dermatology despite a demand for pharmacists with knowledge of wound management and tissue care. However, training was often hampered by tight budgets. An example was given of a one day, NHS-funded, postgraduate course for community pharmacists which has recently been stopped because of financial constraints.

The APPGS report goes on to make recommendations on how training of health care profes-

sionals, including pharmacists, could make better use of NHS resources and improve patient care.

One such recommendation is that funding should be expanded to cover all schools of pharmacy and that clinical teaching should include aspects of dermatology. More postgraduate courses on skin care are also needed.

In addition, chronic skin diseases should be allocated funds to set up clinics in doctor surgeries alongside those for asthma and diabetes.

The APPGS includes 25 MPs and Peers and nearly 100 associate members covering all aspects of skin disease. Copies of the report can be obtained from APPGS on 0181 789 2798.

Insulins become POM

From August 13, all insulins for human use will become Prescription Only Medicines.

Regulations* were laid down back in February (*C&D* Jan 31, p4 and Feb 7, p5) but manufacturers were given six months to amend packaging. Pharmacists will still be able to make emergency supplies where necessary, following the usual procedures.

The reclassification from Pharmacy to POM came in response to potential insulin misuse by sportsmen and women wanting to enhance their performance.

*The Prescription Only Medicine (Human Use) Amendment Order 1998 (SI No 108, £1.55).

Valtrex for once-daily suppression of genital herpes

Valtrex (valaciclovir 500mg) can now be used as a once-daily dose to suppress recurrent attacks of genital herpes.

Valtrex is already licensed for initial and recurrent attacks at a twice-daily dose. However, the latest indication makes it the first antiviral in the UK to be used at a once-daily dose, helping to increase patient compliance.

A major international study is underway to evaluate the role of valaciclovir in reducing the transmission of herpes simplex virus between sexual partners in a bid to curb the spread of the disease. Around 80 per cent of patients are unaware of their infection and the need to reduce the risk of transmission to others.

● Glaxo Wellcome has discontinued Pylorid (ranitidine bismuth citrate 400mg) 28 and 56 tablet packs, replacing them with a seven-day treatment packs containing 14 tablets (basic NHS price £13). The introduction follows recent studies showing that Pylorid plus two antibiotics (clarithromycin and metronidazole/amoxycillin) taken for seven days is as effective as Pylorid plus clarithromycin taken for 14 days.

Glaxo Wellcome UK Ltd. Tel: 0181 990 9000.

MEDICAL MATTERS

No link between breast implants and disease

An independent review group working on behalf of the Government has found no conclusive link between silicone breast implants and auto-immune or connective tissue diseases.

Breast implants were found to carry no greater risk than other surgical implants and women with implants were no more likely to suffer ill health than the general population. If there was any risk of connective tissue disease, this was too small to be quantified and did not justify further epidemiological studies, concluded the report.

The report also found that children of women with breast implants did not have an increased risk of connective tissue disease. However, one criticism was that information given to women undergoing implantation was inadequate. A checklist of topics should be routinely covered prior to an operation and a

'cooling off' period of several days after initial consultation should be in place. In addition, all breast implant operations should be recorded on the National Breast Implant Registry to provide a unique database for follow-up.

Patient support groups for affected women have been dismissive of the findings of the review group and called for the examination of evidence from other countries where silicone implants have been banned.

The review was started in June 1997 at the request of Baroness Jay. The aim was to look at evidence relating to health risks of silicone breast implants and examine issues relating to after-care patient information.

The British Association of Plastic Surgeons and the British Association of Aesthetic Plastic Surgeons have fully endorsed the review group findings.

Dovonex licence

Dovonex Cream and Ointment are now indicated for the topical treatment of plaque psoriasis (psoriasis vulgaris) amenable to topical therapy. Their use was previously restricted to mild to moderate psoriasis affecting up to 40 per cent of the skin area. The maximum quantity of the cream or ointment used should not exceed 100g per week or 400g per month.
Leo Pharmaceuticals Ltd. Tel: 01844 347333.

Solpadol capsules

Solpadol (paracetamol 500mg/codeine phosphate 30mg) is now available in capsule form in addition to the existing caplets and effervescent tablets. The basic NHS price of 100 tablets is £7.90.
Sanofi Winthrop Ltd Tel: 01483 505515.

Infai *H pylori* test

Infai UK has launched a *Helicobacter pylori* 13C-Urea breath test. The test is a Prescription Only Medicine and is prescribable on FP10. The basic NHS price is £22.
Infai UK Ltd. Tel: 01904 787452.

Protium for long-term use

Protium (pantoprazole) is now licensed for long-term treatment of reflux oesophagitis and benign peptic ulcer. Treatment time was previously restricted to a maximum eight weeks but was extended when safety and tolerability were shown to be similar in both long-term and short-term use.
Knoll Ltd. Tel: 0115 912 5000.

Soffban Plus padding

Soffban Synthetic orthopaedic padding will be replaced by Soffban Plus Synthetic orthopaedic padding from September 14. Soffban Plus offers the same features as the original with the added benefit of triclosan, an odour reducing agent. The new variant will be available in the same sizes, case packs and prices as before.
Smith & Nephew Healthcare Ltd. Tel: 01482 222200.

Cox additions

Cox Pharmaceuticals has added two new products to its portfolio: Bumetanide 1mg Tablets (28, £1.72); and Aspav (aspirin 500mg,

papaveretum 7.71mg), which it has acquired from Hoechst Marion Roussel and is now offering at a basic NHS price of £15.33. Cox has also changed the legal status of its own brand Paracetamol Tablets 1,000 from P to POM.
Cox Pharmaceuticals Ltd. Tel: 01271 311200.

Stelazine transfers to Goldshield

Smithkline Beecham has transferred Stelazine (trifluoperazine) spansule capsules, syrup and tablets to Goldshield Healthcare. Orders should be placed with its distributor Distriphar, although medical information will be handled by Goldshield itself.
Goldshield Healthcare Ltd. Tel: 0181 649 8500.

Zomig 12s

Zomig (zolmitriptan), the 5HT agonist for migraine, is now available in larger packs of 12 tablets (basic NHS price £48). Existing packs carry three tablets and and six tablets.
Zeneca Pharma. Tel: 01625 712712.

Opticrom ointment

Due to continual and prolonged manufacturing problems, Rhône-Poulenc Rorer has decided to discontinue the production of Opticrom Eye Ointment 5g with immediate effect. All outstanding orders have been cancelled.
Rhône-Poulenc Rorer Ltd. Tel: 01732 584000.

Exorex shortage

Due to high consumer demand, pharmacists may find that complete fulfilment of large orders of Exorex Lotion from wholesalers is taking longer than expected. Pharmax says this is to ensure fair distribution of current stocks until the temporary shortage is resolved.
Pharmax Healthcare Ltd. Tel: 01322 550550.

Paediasure reformulated

Abbott Laboratories has reformulated Paediasure with less protein, more carbohydrate and a modified fat blend. The vitamin and mineral content has also been brought in line with recommended requirements. The new formulation is being phased in during this month.
Abbott Laboratories Ltd. Tel: 01795 580303.

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*Source: Independent Pharmacy Audit



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Reaching out for unity

If he could have one wish for the future, Gaz Clapinski would like to see medicines sold only by pharmacies. "I would even forego RPM and control of entry restrictions to be like most of our partners in Europe where, to buy a medicine, you have to go to a pharmacy. Without doubt, that would solve a lot of our problems," he says.

But as this can only be a pipe dream he will settle for professional unity as a major priority during his term as NPA chairman.

"Because there are three main bodies in pharmacy we often give the impression to outsiders that we can't agree on anything. After the Health Secretary announced at the Society's NHS anniversary dinner that there would be discussions between the professions this autumn, I heard comments that it was to be hoped the pharmacists would not spend too much time arguing about the shape of the table. The only way to progress is to work together more."

He believes the three pharmacy organisations should collaborate more closely on key issues. He hopes to organise more joint meetings in the belief that, while at first this might be more time consuming, it should eventually become more productive.

"Once we've started holding hands a bit more we will develop more trust in each other and get to the stage where we can all concentrate on our key strengths."

First involvement

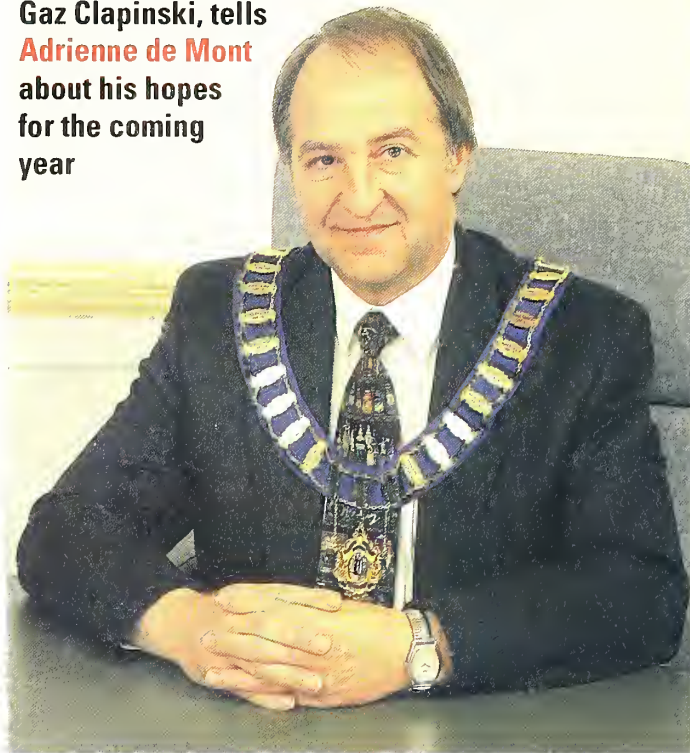
Gaz Clapinski decided to become involved in pharmacy politics about 15 years ago. "I had two alternatives. I could either sit back and whinge about what was going on in pharmacy, or I could do something about it."

He chose the NPA route because he had found its services so invaluable when he first entered community pharmacy. He started as branch secretary and joined the Board of Management in 1992.

"The NPA Board is made up of community pharmacy owners so, in essence, we are all shooting in the same direction," he says. "Around the Board table we have, of course, a range and diversity of views which add depth and colour to the debate, but we manage to consolidate these views into a unified position."

"There is a strong sense of collective responsibility. We are all

The new NPA chairman, Gaz Clapinski, tells Adrienne de Mont about his hopes for the coming year



focused on one thing – the membership. I'm very conscious as NPA chairman that we have to look at everything from our members' point of view. It's a voluntary organisation and, as members are paying us a subscription, we have to give them value for money."

Even the mix of multiples and independents seems outwardly compatible.

"Although we have been criticised for accepting multiples into NPA membership, it gives the organisation muscle. It's better to have them with us than working against us. It's also better when we can say we represent virtually all pharmacies."

After two days at a Board meeting he always comes away with the feeling that something useful and constructive has been achieved, which is more than can be said for PSNC meetings where progress is constantly thwarted by government intransigence.

Happily independent

While describing himself as "someone who has to run faster to stand still every year", he remains happy to be an independent and would not want to give it up for a more secure career.

"I'm too used to being my own boss. Once you've worked for yourself it's very difficult to work for someone else," he explains. "But there can be no doubt that

times are tough for proprietor pharmacists, particularly for younger pharmacists wanting to start out on their own."

Money, he feels, is the key to recruitment. "It's getting very difficult to put a business plan to a bank and persuade them to lend the money on the returns being generated. I can appreciate, too, that many pharmacists don't even want the responsibilities of management when they can earn just as much as a locum."

The NPA has been concerned about manpower shortages for some time and seems at last to have persuaded the Society that there is a problem.

"The only way to resolve it is to train more pharmacists. We need to persuade the relevant authorities to make a bigger investment. We're not alone – doctors have the same problem and are throwing money at it."

As for remuneration, he thinks the supply function has to remain the core role around which every other service will evolve.

"If we use dispensing as a foundation on which to build, then we have to make sure the foundation is solid. At the moment it is

not, as a direct result of the Government's lack of investment in the pharmaceutical services. Any new roles must be accompanied by new money. I know from speaking to practising pharmacists that there is very little motivation to do anything new. We've gone through three to four years of pilots when we've been funded for 12 months, then the money has dried up. The problem is that once we get into the habit of providing a new service we're expected to carry on regardless. So, because payment can't be guaranteed beyond the pilot period, many pharmacists are sceptical about getting involved."

Pilot schemes

His own LPC, North Staffs, has run several successful pilots. A 24 hour pharmaceutical service, operated by mobile phone, has been funded for a second year and is likely to continue. But there are doubts about the future of a domiciliary service in spite of it showing a cost-effective health gain.

In the 24-hour service, six pharmacists take the mobile phone for a week at a time and remain on-call to local GPs who are the only people with the phone number. The stand-by fee is £120 a week. As part of the project the health authority has agreed to fund the cost of each of the six pharmacies stocking an agreed list of palliative care medicines, to ensure that supplies are available around the clock. Each pharmacy is paid £400, which covers the risk of being left with out-of-date medicines.

In the domiciliary care pilot, pharmacists made home visits and devised care plans for patients on complex medication who were referred by hospitals,

GPs or other pharmacists not in the scheme. Although the results are still awaiting final analysis at Derby University, Gaz says the project improved compliance and saved on hospitalisation costs. But he fears the funding has

come to an end.

However, a smoking cessation scheme has been extended at a cost of \$31,000 over 12 months. The health authority is providing an initial subsidised supply of nicotine replacement therapy to people wanting to give up smoking, as long as they have been referred by GPs or practice nurses.

"In that way the scheme targets those who are motivated, rather than giving free supplies to anyone who walks in off the street," he explains.

If we can get more unity we will get more strength

Life and times

Gaz Clapinski was born in Wales to Polish parents who came to the UK immediately after the war. His first name is Wieslaw (pronounced "Veerswaf") but Gareth found down better with the neighbours.

He knew little about pharmacy until he was 15, when a schoolfriend told him that's what she was going to do. As he enjoyed science he decided it was the career for him too, so he did his degree at the Welsh School of Pharmacy in Cardiff and his pre-registration year with Merck, Sharpe and Dohme in Hoddesdon. After qualifying in 1972, he stayed with the company for two years, working in product development.

When MSD moved his department to Northumbria, he stayed in Cambridge and became manager of the pharmacy in which he had been doing Saturday locums.

After two years he moved to the Potteries to join Staples as a manager, then in 1980 bought his own business, High Lane Pharmacy, in Burslem, Stoke-on-Trent.

He has been on North Staffs LPC for 15 years and is now secretary. He has served as a PSNC regional representative for the past three years.

His LPC is also making sure it has a voice on the local primary care group.

"The NPA's professional development department has already opened a lot of doors but, at the end of the day, because it's a local issue it's the people on the ground who have to do the leg-work and get themselves in there. And it's vital that we ARE in there. We have a lot to contribute.

"We've been talking to our own health authority and persuading them we have the necessary specialist skills to benefit PCGs, such as our knowledge of business, financial management and drug costs. Pharmacy's commercial activity was once held against us but now we can use it as a strength. The PCGs will have resources to manage and we are doing this every day of the week. In fact, how can any PCG function without a pharmacist?"

As an independent without a second pharmacist, he has managed to take these extra duties in his stride. He has one dispensing assistant and two counter assistants who have worked with him for between three and ten years. He is a great believer in training and delegation, while agreeing with the Society's view that every prescription for a medicine must be seen by a pharmacist.

"Training has definitely motivated my own staff," he says.

"Once they get into the habit of learning, they want to know more. It gives them more confidence and it gives me the confidence to delegate. We all think no-one can do something as well as we can, but sometimes it's a fear of letting go. People thrive on delegated duties and my staff have even come back to me with suggestions on better ways of working."

Worth fighting

Although he said he would give up RPM and control of entry regulations in exchange for a monopoly on medicines, he still believes these are issues worth fighting for. The NPA is continuing to campaign and lobby for RPM. He thinks that not even the supermarkets will benefit from its loss.

"We've seen it all before, where supermarkets have slashed the prices of toiletries and built up an illusion of cheapness. Yet my prices now are much more competitive than theirs. People use supermarkets for convenience and they often pile goods into their trolleys without looking at the price. If RPM went, the supermarkets would do just the same with medicines. They would slash the prices at first, then gradually start putting them up again. Meanwhile a lot of pharmacies would have gone out of business.

"We already have the cheapest

medicines prices in Europe so why rock the boat?"

The changes in analgesics legislation is another illustration of the way the wrong decisions are taken in high places. "It will be chaotic for pharmacies, having to explain to a puzzled public why they can have only three packs of 32 paracetamol, rather than 100, at probably twice the price as before, when they can go to the supermarket or garage and buy as many packs of 16 as they like, with no questions asked."

As far as control of entry is concerned, Gaz insists this is in the best interests of health care. Yet rational distribution was an area in which pharmacy may have seemed, to outsiders, to be divided as the three main pharmacy organisations submitted three different documents with different proposals.

"The general thrust of each document was identical in being in favour of control of entry, but we were presenting three different options. With hindsight perhaps a more unified approach would have been desirable."

In conclusion, he says: "My hands are outstretched. If we can get more unity we will get more strength. If I can just leave pharmacy a bit stronger than it was before, I think that's a good enough goal for the next 12 months. You certainly can't change the world in that time."

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ELIDA FABERGE

Allergy busting? Nothing to sneeze at

Nurse Siobhán Hamilton runs an allergy testing clinic in Greenwich. She explains the practical issues of running such a service

I am one of a select group of nurses who run an allergy clinic and have been doing so for the past six months. I have several years' experience in this field, first with an NHS consultant at St Bartholomew's Hospital and then at the British Allergy Foundation (BAF).

Personal experience

My clinic is currently just a private practice, with clients self-referring. Business is generated through a variety of methods including advertising locally in magazines, distributing leaflets to homes, pharmacies and local businesses and – my favourite method – word of mouth from satisfied clients.

The clinic is based in Greenwich and so far the clients have been fairly local. From September the clinic will be advertised in the Yellow Pages, and as a result I expect to see clients from all over London and beyond. As yet, I am not a millionaire and do not expect to become one soon, but I hope to be able to make a reasonable income with more advertising.

GPs can refer patients to my practice, but as my costs are reasonable, most clients prefer to speed the process up and come to me direct. If doctors wish to refer patients then the process is simple. Now extra-contractual referrals are no longer an issue, they can easily refer outside their local area.

Sadly, allergy is a field that many doctors tend to underestimate, and so are reluctant to refer patients for specialist advice. Additionally, country-wide there is a shortage of clinics to refer patients to. My experience with BAF showed that about 45 per cent of callers wished to be referred to an allergist, but this was difficult to arrange either because of a lack of available clinics or long waiting lists.

Allergy clinics are mostly based in hospitals, with a consultant run service often in conjunction with a chest department or sometimes in a dermatology department. I am not aware of any clinics based in a GP practice, but the British Society for Allergy and Clinical Immunology



Lorex Syntheslabo Ltd

(BSACI) is debating the use of nurse run allergy clinics in general practice.

Bogus tests

There are a wide range of alternative tests, none of which are recognised by doctors in the field as legitimate. Examples include hair analysis, Vega testing, applied kinesiography, the auricular cardiac reflex, crystal dowsing and pulse testing. The tests, which are approved by the Royal Colleges of Physicians and Pathologists and the BSACI, are as follows:

- skin prick testing – can test for foods, pollens, pets. Test will be negative if patient is currently taking anti-histamines.
- RAST radioallergoabsorbent testing (blood test) – for specific antibodies to foods, pollens and pets. This test is available only in hospitals and a couple of private companies.
- patch testing – for contact allergens including nickel, and some chemicals, mostly occupational allergens. Examples of which include hair dyes and chemicals in cosmetics.

Allergy diagnosis requires a detailed clinical history of the reaction, what allergen is suspected of causing the reaction, how frequently the symptoms occur, and whether there is a family history of allergy. The most common diseases are hay fever, perennial rhinitis (house

dust mite allergy), asthma and eczema.

The tests then confirm whether the reaction is allergic or whether an intolerance is indicated. Allergy is confirmed with a positive test result and a positive history, one or other alone is usually not enough to diagnose the disease. It is possible to have a positive test result, yet not have any symptoms. This means that the patient has been sensitised to the allergen, but is not yet allergic to it.

Typically, the patient will develop symptoms at some future stage or alternatively the patient has become desensitised to the allergen and no longer has symptoms. Classic allergens that young children are allergic to are milk and eggs. They may become tolerant of these foods and cease to have symptoms through constant exposure, but still have a positive result to a test.

Allergy vs intolerance

Allergy is an IgE (immunoglobulin E) mediated reaction to a substance that is either inhaled, swallowed, injected or comes in contact with the skin or eye. Exposure to an allergen causes the patient to develop antibodies to the offending substance. Reactions usually occur within minutes of contact. The symptoms are often severe and can include anaphylaxis.

Intolerance is where there is a

consistent reaction to a substance where there is no antibody-mediated response. Symptoms are usually more diffuse and occur hours or even days after contact with the offending substance.

Pharmacy involvement

It would be feasible for pharmacies to have an allergy testing session, but there are a number of provisos:

- space is needed both for the testing equipment and for the consultation, ideally this would be in a separate room from the general public
- time is required for the consultation. I expect to spend up to an hour with each client
- costing the service might be difficult, as both nurse and pharmacy would need to make a profit without crippling the client financially. However, there is a margin for profit in providing the client with the most appropriate treatment for their allergy, including OTC treatments. Mite proof bedding is useful for those shown to be allergic to house dust mites, and this could also be supplied.

Vega testing is present in a number of pharmacies, but this test is not considered valid and appears to encourage the sale of expensive dietary supplements. In my experience, clients are invariably told that they are allergic or intolerant to a range of foods and other allergens. Almost always when assessed by a proper allergist they are shown not to be allergic to any of these and they have been wrongly advised to modify their diet, at great cost and inconvenience.

Pharmacy run allergy services would be possible but there are few nurses who are qualified to run one and most of those are based in NHS allergy clinics.

Allergy is big business, with many products competing to treat symptoms and sufferers. Most people suffer from allergies to airborne allergens including pollens, and pets and house dust mites. Food allergy only affects about 1 per cent of the population. The best advice for those who have a food intolerance would be a referral to a NHS State Registered Dietitian.

The British Allergy Foundation provides a range of useful leaflets on various allergies for a small fee. British Allergy Foundation, Deepdene House, 30 Bellegrove Road, Welling, Kent DA16 3PY.

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Making diagnostics your business



F There is money to be made in the diagnostics market. **Dr Steve Ohlsen, director of business development at Diagnostic Testing Ltd, looks at ways of making a business out of diagnostic testing in pharmacy**

With the recent announcement by the Health Secretary Frank Dobson of the Government strategy review for community pharmacy, it is clear that diagnostic testing represents a huge opportunity for pharmacists to get more actively involved in screening and health promotion activities.

Less than 2 per cent of pharmacies offer these services. While many more pharmacies sell customers home tests to perform on themselves, the lack of access to professional counselling is a problem and pharmacy is missing out on the opportunity to provide personal service to generate customer loyalty and business. Are we waiting for the nurse practitioner to take the initiative?

It is stated in the Green Paper, 'Our Healthier Nation', that "the public needs to be given information on health which is accurate, understandable and credible". There is a significant opportunity for community pharmacists to position themselves as local centres of expertise. They can fill the enormous gap in public knowledge on how to improve lifestyles, particularly as 6 million people a day come through pharmacies in the UK.

Until recently, community pharmacy did not have the professional tools to offer these services. However, the recent development of new, near-patient testing technologies is changing this.

Warfarin management

Warfarin management is an ideal way for pharmacy to present itself to the newly forming primary care groups as a professional service provider.

Pharmacists can now offer a Coagulation Service to local GP practices, using technology such as the thrombolytic and anticoagulant monitoring systems and dosing software. Systems have usually been fully evaluated by the Government Medical Devices Agency and provide an INR result from a fingerprick or venous sample within minutes.

The technology also allows storage of information and patient records, allowing community pharmacy to set up 'One Stop Warfarin' shops and check any drug interactions with concomitant medications. Pharmacy can deliver the clear message to the patient as to what dose of warfarin is needed on which days, and eliminate all the previous delays and communications' difficulties for them.

Lipid management

Another example is lipid management and the broader area of coronary heart disease assessment and prevention. Within the Green Paper, a stated major priority of the new NHS is to prevent avoidable illness by concentrating on factors that affect people's health, including a range of factors to do with how we all live our lives – diet, physical activity,

smoking, alcohol, etc. Such factors have a major bearing on the high incidence of heart disease, with 25,000 people dying of heart disease and related illnesses before they reach their 65th birthday.

Treating ill health is expensive. Heart disease and stroke cost the NHS an estimated \$3.8 billion every year, and this is why Frank Dobson sees community pharmacy as having such an important role. All local Health Improvement Plans are likely to include the overall management of heart disease and pharmacy needs to be involved.

Making the service pay

1 Payment by public

Research shows that a significant proportion will pay over \$20 for a professionally delivered cardiac risk assessment

2 Service providers contracts

With the advent of the SMAC guidelines on the use of Statin drugs, it has recently become clear that a number of health authorities are now considering supporting pharmacists to act as service providers to ensure compliance with the local interpretation of these guidelines for both secondary and primary prevention of CHD.

Pharmacy benefits

1 Income generation from:

- sales of HeartScore profiles – with encouragement to participate in a programme of repeat visits (3-6 monthly) to check

progress in reducing lifestyle score and ultimately cardiac risk score

- increased OTC sales from health services such as smoking cessation products, vitamins, diet supplements, BP machines, health monitoring and fitness aids

- increased Pharmacy store footfall due to extended pharmacy business providing other within-store retail opportunities

- coronary risk assessment should be perceived as a separate service for which a fee is considered legitimate – this needs to be negotiated with the Health Authority through the LPC

- increased prescription business.

2 Integration into local Primary Care Groups

- provides a foundation for the construction of enhanced intraprofessional relationships between pharmacists and other health care providers which result in enhanced patient care

- pharmacists are in a unique position to monitor compliance in patients with hyperlipidaemia

- adopting new professional roles and responsibilities requires a fundamental change in attitude and a sincere commitment to embrace a different practice paradigm.

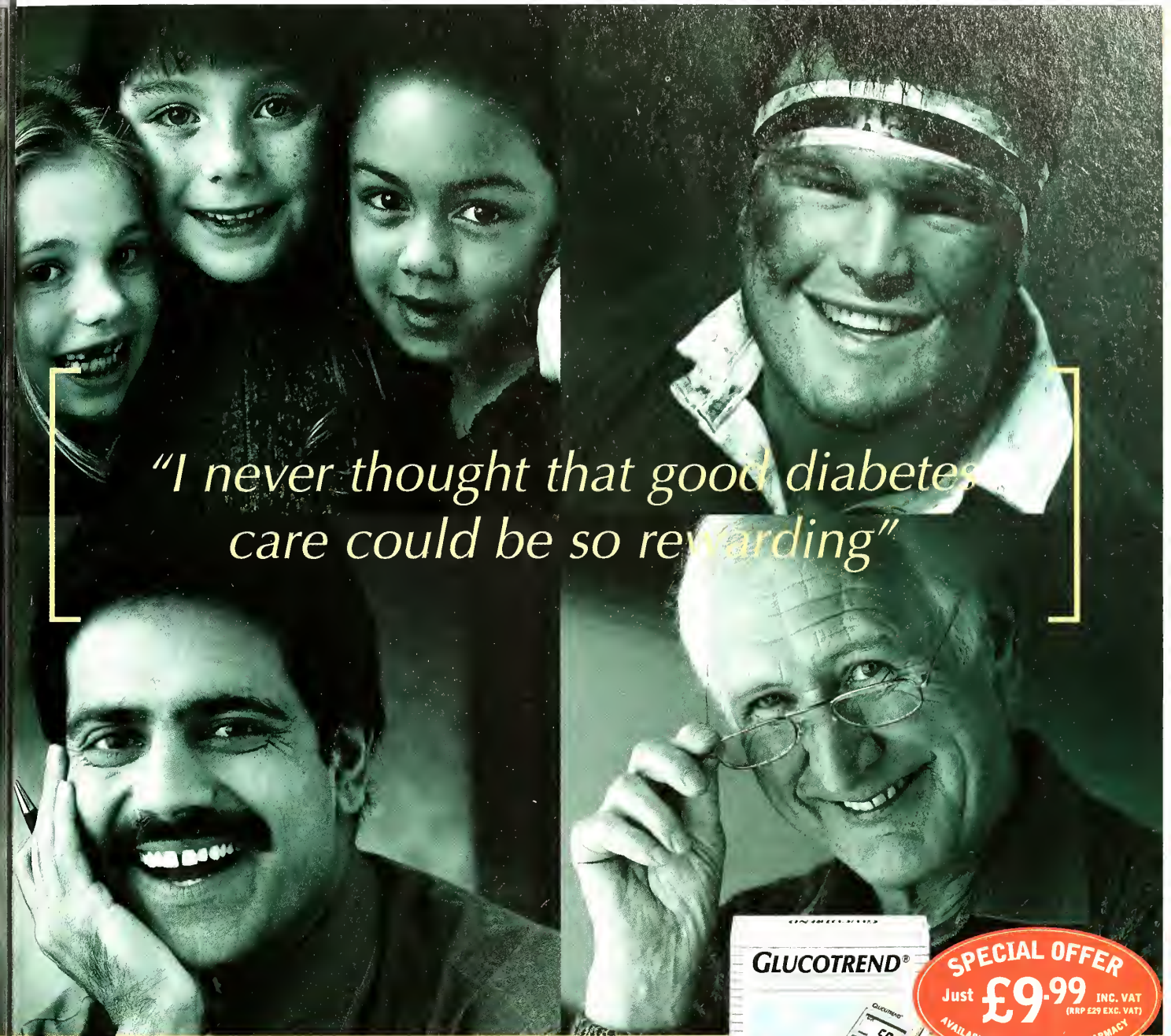
Ulcer management

Another way to maximise the diagnostic opportunity is in ulcer management. Using EPoS, the customer who is purchasing their sixth pack of Zantac in the month could be identified and referred to the pharmacist for a simple but accurate *H pylori* test.

One such example is the Accumeter *H Pylori* one step whole blood fingerprick test, with built-in quality control, and designed for use by non-technical staff. This particular test gives excellent correlation with reference methodologies, giving confidence in the results.

Lipid and warfarin management represents significant and realistic financial opportunities for pharmacists who are interested in expanding the clinical scope of their practices and are tools to help deliver high quality services that ensure health gain and improve patient care.

Other one-stop opportunities for expanding the pharmacist's toolkit beyond glucose and pregnancy testing involve using innovative diagnostic technologies for *H pylori* and cancer screening.



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Reveal can be used midstream or as a dipstick test and, like the leading brands, can be used at any time of the day. Results are provided in just 2-5 minutes with over 99% accuracy.

With a price tag that offers exceptional value to both the pharmacist and consumer, the Reveal Home Pregnancy Test has made huge inroads into the market with widespread distribution amongst independent retailers, and has recently been listed by Superdrug.

Prices at £5.99 RRP for a single test and £7.99 for two tests represent a 30%* saving on most other midstream tests but still giving the same cash margins as leading brands.** With BR's price promise you can be sure that Reveal will always provide value for money for you and your customers.

For more information about the Reveal Home Pregnancy Test contact:

BR Pharmaceuticals Ltd,
21 Chapeltown, Pudsey,
Leeds LS28 7RZ.
Tel: 0113 256 5836.

**Based on Chemist and Druggist Price List. Correct at time of going to press



Do your customers take as much time over their bodies as they do over the bodywork of their cars? Probably not, but diagnostic manufacturers are trying to change that

Prevention is not only better than cure, it is often cheaper. And in this current climate of health cost consciousness, it is not surprising that greater emphasis is being placed on screening and diagnostic testing. After all, catching disease early means overall treatment cost and hospitalisation are reduced.

Diagnostics manufacturers have realised the potential of this market and have started looking beyond blood glucose monitoring and pregnancy tests towards tests that determine disease risks in individuals. Cholesterol tests are already for sale OTC as indicators of atherosclerosis and cardiovascular disease, but new diagnostic kits are being developed to detect the first signs of some diseases and cancers, and genetic disposition to certain diseases.

Osteoporosis risk

The most recent example of such a test is the osteoporosis risk assessment test. Osteoporosis affects one in three women over the age of 50 and is also common

Time for an MOT

in smokers and people with a family history of the disease. However, a recent European Commission Report on treatment and prevention showed the UK to have one of the highest incidence of the disease but the worst assessment and treatment facilities.

To this end Unichem has launched an OTC patient self-test for osteoporosis risk, which it hopes will not only help reduce the consequences of the disease but also create closer links between patient and pharmacist.

The biochemical test, made by diagnostics specialist Pathology Management Co (PMC), assesses bone turnover – the higher the turnover, the higher the rate of bone loss and the greater the risk of fracture.

The patient simply buys the single test over the counter and from the comfort of their own home, provides a urine sample which they send direct to PMC's central laboratory for analysis.

The levels of deoxypyridinoline – by-product of bone breakdown – are then measured to give an indication of low, medium or high risk of osteoporosis development. The results are posted back to the pharmacist within five days, and the patient is counselled appropriately.

Pharmacists ordering a pack of five kits from Unichem will receive an information pack from PMC, which gives detailed information on how to use the tests and provide appropriate advice and counselling. PMC is keen to emphasise that the test is not a diagnosis but an early warning signal of risk. The test has already received backing from the Primary Care Rheumatology group, which has set up a helpline to provide health care professionals with more information about the risk assessment test.

Peter Skinner, marketing controller at Unichem, says: "This test provides another opportunity for pharmacists to become involved with their customer's health on a closer, one-to-one basis, thus reinforcing their position as a primary health care specialist."

The test not only enhances the role of the pharmacist but also gives their business a boost. Kits retail at £19.99 giving pharmacists a profit on return of £4.19.

Early screening

Kent Pharmaceuticals has expanded its diagnostic tests to include a more comprehensive health check for the over 40s.

The Health Check tests are designed as once a year 'MOTs'

to spot disease – in particular, diabetes and cancers of the bowel, liver and bladder – before there are any obvious signs. The tests can be bought over the counter from pharmacies and the test carried out by the patient at home.

Health Check No 1 is a urine test detecting abnormalities which may identify diabetes, urinary tract infections or kidney, liver or blood disorders such as anaemia and jaundice. Blood traces in the urine may also indicate the presence of cancers of the bladder or kidney.

The kit involves holding a thin test strip in the urine stream for a couple of seconds and then comparing colour changes in the nine panels on the strip with a reference chart. Any significant colour changes mean the patient needs to be referred to their GP.

Health Check No 2 is a faecal occult blood test that helps detect signs of bowel disease such as colitis, Crohn's disease, ulcers, haemorrhoids and bowel cancers. Bowel cancer is on the increase with 20,000 people dying from it each year – only lung cancer kills more people. A home screening test is thought to potentially save at least 3,000 of these lives.

The test can again be performed by the patient who simply takes a small sample from the stool, adds it to a bottle of test chemical and then takes a

drop from it and adds it to a test window. The presence of blood gives a positive reading which again requires referral to the doctor.

The faecal test has had the backing of the research charity Colon Cancer Concern. Its chief executive Anne Keatly-Clarke said: "The home testing kit will help identify if they [people] have got blood in their stools, which is an early sign of bowel cancer. It's another weapon in the armoury of helping people get an earlier diagnosis. If caught early and treated, you could have a success rate of over 90 per cent, whereas the figure is just 40 per cent [if not caught early]."

Both tests need to be performed twice at 24 hour intervals to reduce the possibility of negative readings. The price for double tests of Health Check No 1 is \$7.95 and \$9.95 for Health Check No 2.

Lipid management

Pharmacists wanting to get more involved in local health improvement plans may find the sophisticated yet convenient coronary risk assessment programme from Diagnostic Testing Ltd a good alternative to the more basic total cholesterol tests available.

The newly launched HeartScore has been designed with pharmacy in mind. It provides, in 10-15 minutes, a personalised on-the-spot print out of a customer's



Pharmacists are turning to more complex diagnostic equipment

total and relative coronary risk (based on Framingham) and a lifestyle risk score (based on Scottish Heart Health Study) and comes together with an educational information package.

The system consists of a diagnostic instrument which provides a lipid profile (total cholesterol, HDL cholesterol, LDL, VLDL fractions, triglycerides and glucose) on a whole blood fingerprick (or venous) sample in only four minutes.

The system has been fully evaluated by UK opinion leaders and the Government Medical Devices Agency. It also comes with HeartScore Software (Windows 95/3.11) for interpretation of lipid results and review of customer CHD and lifestyle risk factor information.

Of particular value is the visual component demonstrating the benefits to the customer of more aerobic exercise, eating a better balanced diet and to motivate smokers to stop smoking.

The price of the HeartScore system package is \$2,331.20. Although this seems a hefty sum at first, DTL expects investors to break even after 216 tests (within average five to seven months). This is based on the assumption that each test sold at \$16.95 (minus consumables costing

\$6.15) would generate a profit of \$10.80 and a gross margin of 64 per cent.

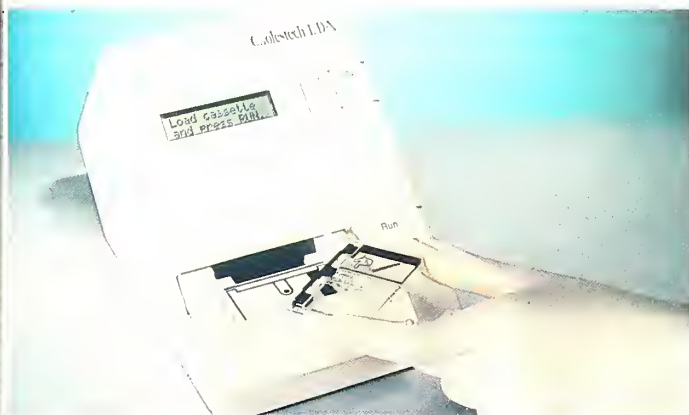
DTL also has a range of other near patient tests, including thrombolytic assessment, *H pylori* and drugs of abuse. Several sites are now using the combination of Thrombolytic Assessment System and a computer-assisted dosing software package (C-Quel RAID), as recommended in the recent British Society of Haematology guidelines.

Way forward

Bayer believes the move of diagnostic testing from central laboratories to primary care will continue in the future, with more innovative tests for more serious disease becoming accessible to the public, helping to catch disease much earlier than before.

Dr Gerald Wagner, manager of the laboratory testing at Bayer's Diagnostics Business Group, said at a recent meeting in Wuppertal, Germany, that diagnostics accounted for about 3.6 per cent of direct expenditure in health care, but its overall impact on total cost was considerably greater. "The early recognition of a disease can mean far lower treatment costs or a shorter stay

Continued on P28 ►



HeartScore includes a diagnostic instrument to provide a lipid profile

WHY WAIT? Solve your customers' confusion...

I've never used a home pregnancy test



SIMPLE - just hold the absorbent sampler in your urine stream for a few seconds

Maybe I won't be able to understand the result



CLEAR - an unmistakable result which is over 99% accurate

I want to be the first to know-and I want to know now



WHY WAIT? - Clearblue provides a fast, accurate result in just ONE MINUTE.



Britain's No. 1 pregnancy test

◀ Continued from P27

in hospital; in extreme cases early diagnosis may be a matter of life or death."

The global volume of sales last year for *in vitro* diagnostic testing was \$9.66 billion (DM28 billion) but it's growing very slowly at 5 per cent annually because of general cost control on health care. However, areas which are showing considerable rapid growth are those involving immunodiagnosics gene-based diagnostic techniques.

Bayer's criteria for developing new self-tests are ease of use, eg

dip and read meters/strips; rapid results; patient convenience (testing that can be done in the pharmacy/surgery or patient's home); and appropriate patient transfer. On the last point, Bayer is currently piloting a modern connection in Germany between pharmacy, patient and surgery.

Patients' attitude to their health is also considered. Bayer has found that they fall into two types: those who just want the basics and want to simply be told what to do, and those who want to take greater responsibility for their health and be more active in understanding their condition.

What's available in the market...

● Molly the Clearblue cartoon character made famous in the brand's TV and press advertising is now being featured in a new PoS material package which includes window stickers, shelf-edges and booklets.

Unipath has also introduced a new pipette to its Clearview HCG II in-pharmacy pregnancy test, which delivers the exact volume of urine needed. The brand is also supported by a technical helpline, in-pharmacy PoS and leaflets.

Unipath Ltd. Tel: 01234 835000.

● BR Pharmaceuticals has extended its distribution of Reveal Home Pregnancy into 275 Superdrug stores. The brand is already well established in the independent pharmacy sector.

BR Pharmaceuticals Ltd. Tel: 0113 256 5836.

● Food for Thought is a new food allergy service which can be performed in the comfort of one's home. The customer simply sends a small blood sample to a designated laboratory and the results are posted back to the customer within five days. The analysis uses the proven ELISA to measure levels of antibodies in the blood. Two levels of service are available: one that tests against 40 foods and one against 90.

York Nutritional Laboratory. Tel: 0800 0746185.

● Two new *H. pylori* 13C-urea breath tests have been launched

as Prescription Only Medicines, available on an FP10. Pylobactell is made by BSIA and each test (including laboratory analysis) has a basic NHS price of £25. Patients can perform the test themselves and send breath samples off for analysis. The other test, from Infai UK, is to be performed by the pharmacist or other health care professionals but tests still have to be sent to a central laboratory for analysis. Helicobacter Test Infai costs £22.

BSIA Ltd. Tel: 0181 847 3955.

Infai UK Ltd. Tel: 01904 787452.

● Superdrug has launched an osteoporosis risk assessment test in its 140 pharmacy stores. The kit (retail \$19.99) is provided by the Pathology Management Company, the same group that supplies tests to Unichem.

● Entaco has launched Milward Steri-Let blood lancets featuring 23G stainless steel needles. The lancets come in packs of 100s (\$3 basic) and 200s (\$5.70) and are available on prescription.

Entaco Ltd. Tel: 01527 852306.

● Boehringer Mannheim is continuing its \$9.99 (inc VAT) price offer on Glucotrend Soft Test System bought from pharmacies. In addition, the telephone marking service for its diabetes training programme, carried in *C&D* earlier this year, can still be accessed until the end of the year.

Roche Diagnostics Ltd. Tel: 01273 480444.



Unipath has introduced a new pipette to its Clearview HCG II test

NEWS EXTRA

Opportunities in mental health for pharmacy

There may be opportunities for pharmacists in the mental health services reforms proposed last week by the Health Secretary Frank Dobson.

Extra funding will be available for modernisation of services, which would have to be both clinically- and cost-effective and targeted on evidence-based outcomes. There will be improved training for GPs and others in primary care, and the National Institute for Clinical Evidence will be asked to give clear guidance on the most effective drugs and therapies.

David Taylor, chairman of the UK Psychiatric Pharmacy Group, told *C&D* that the proposals should give pharmacists the chance to contribute more fully to the care of the mentally ill. "As always, our role will be determined by our ambition. We can get involved in these new moves if we are prepared to offer our services as the experts on medicines, rather than sitting back and waiting to be asked."

He and his pharmacist colleagues at Bethlem Maudsley NHS Trust in south London have been running community clinics

where psychiatric patients can ask questions about their medication. The pharmacists have given presentations to patients and carers, and have devised shared care guidelines to encourage communication between the hospital and GPs. Mr Taylor is also on a prescribing liaison committee involving the trust, primary care teams and the health authority.

Other new measures announced by the Health Secretary include a review of the law, 24-hour crisis teams and outreach teams to keep track of people who have been discharged. The measures would try to ensure that patients who deteriorated or who did not take their medication would have supervised care.

In a written answer to a parliamentary question he said: "The law on mental health is based on the needs and therapies of a bygone age. What I want now is a root and branch review to reflect the opportunities and limits of modern therapies and drugs."

The Government intends to announce a mental health strategy to Parliament in the autumn.

OFT to investigate supermarket profits

The Office of Fair Trading is to investigate the profitability of the major supermarkets in the grocery sector and whether the public interest is being best served.

Of particular concern is whether or not the large discounts the supermarkets can command from suppliers are being passed on to customers. Asda, one of the four main supermarkets, has continued to attack resale price maintenance on medicines for keeping prices artificially high.

Announcing the move, director general of fair trading John Bridgeman said that previously

he was of the opinion that the growth of the major supermarket groups has been to customers' advantage in terms of amenity, choice and prices.

"While I have no specific evidence that would lead me to reverse the previously held conclusion as to the balance of consumer interest, I believe that the time is right for a detailed study of the sector focusing in particular on the profitability in grocery products of the four major supermarket groups," he said.

The OFT expects preliminary investigations will take until the end of the year.

Animal materials banned from cosmetics

Regulations coming into effect on August 28 prohibit the use of various animal materials in cosmetics.

The banned substances include the skull (as well as brain, eyes, tonsils) and spinal cord of cattle, sheep or goats aged over 12 months at the time of death, and the spleen of sheep or goats. The prohibition does not apply to products manufac-

tured before April 1, nor to slight traces of materials that could not reasonably have been removed during or after manufacture.

Cosmetic products containing tallow derivatives may be supplied if approved methods are used in manufacture. The changes are made in the Cosmetic Products (Safety) (Amendment) Regulations 1998 (SI No 1727; Stationery Office 1.10).

Sick tourists welcome here

Cash strapped German hospitals and spa clinics are looking abroad for fee-paying patients.

The German Tourist Office is to mount an advertising campaign using the slogan "Everything apart from stress" in a bid to attract wealthy but sick Belgians, Italians, Russians, Arabs and Americans to the country's many thermal baths and spas, health, fitness and wellness centres.

Germany has long been proud of its standards in the acute and rehabilitation sectors of health care and especially of the inter-linking of the two branches, which it regards as unique.

However another type of health tourism within the EU is causing great anxiety in German health care circles, from Health Minister Seehofer downwards.

The worries have been sparked by a ruling that every citizen of the EU is entitled to dental treatment or to buy medical items such as glasses in another member state and then to claim the cost back from the health insurance system operating in his or her own country.



Spa town Baden-Baden – attractive to the sick and wealthy

Previously, the obligations of a country's health system largely ended once one of its citizens crossed its borders. The case was brought by two Luxemburgers, one whose insurance scheme refused to pay for the cost of glasses bought in Belgium and the other whose insurers declined to meet the cost of dental treatment of his young daughter carried out in Germany. In both cases, the court ruled that refusal was against the free mar-

ket of goods and services supposed to operate within the EU.

In the case of Germany, whose health care costs are higher than many EU countries, the fear is not that its insurance schemes will be faced with higher bills, but that the decision undermines national responsibility for shaping and financing the social security system and an eventual harmonisation of health care systems will inevitably lead to a reduction in standards.

Pregnancy – the new cure for headaches

The German Migraine and Headache Association reported the results of an Italian study showing that 80 per cent of women suffering migraine or tension headaches suffered less when they were pregnant.

During pregnancy, there is no fluctuation of hormones associated with the menstrual cycle. As these cyclical variations have been implicated in such headaches, sufferers report a marked improvement. The form of migraine can also change. The aura associated with some migraines no longer occurs in 50 per cent of pregnant sufferers.

Jobs boom – but owners' income suffers

The latest annual report on German pharmacy shows that in 1997, turnover stagnated compared to the previous year and that profits and income went down slightly.

The number of pharmacies increased from 20,300 to 21,500 during the past six years, accompanied by an extra 10,000 jobs, a direct contrast to employment elsewhere in Germany. The 132,400 total represents an aver-

age of more than six per pharmacy.

A fall in the amount of prescribed medicines sold was not matched by any increase in self-medication products, despite a rising population.

The average income of an owner-pharmacist before tax and deductions for pension and loss of earnings insurance was roughly \$40,000, some 15 per cent lower than in 1992.

Cancer claims heard for anthroposophy

A symposium organised by Weleda on anthroposophical medicine and philosophy was held in Germany recently.

This form of complementary medicine is rarely used in the UK but is claimed to greatly reduce the cost of health care in Germany, which, along with Switzerland and the Netherlands, is one of the anthroposophical strongholds.

Probably the best known of its medicinal treatments is the use of mistletoe extracts, Iscador, in the treatment of cancer, and this was one of the areas reported on at the symposium. One German doctor had treated 150 cancer patients and claimed equal efficacy with classical medicine at far lower costs and 55 per cent fewer hospital admissions.

Iscador-treated patients were

said to have a better quality of life, less pain and hence lower analgesic consumption.

Pulmonary toxicity of radiotherapy and chemotherapy, emetogenic effects of chemotherapy, the need for white cell stimulating factors, the frequency of second tumours and cachexia were all said to be reduced, leading to cost savings.

One study by a European group could find no difference in efficacy between Iscador and the 100 times more expensive interferon in malignant melanoma.

The founder of the movement, Rudolf Steiner, died in 1925. It was only in his later years that his work was accepted in the field of medicine that uses other alternative remedies in a holistic, comprehensive approach to the patient.

Saved the post and gained a pharmacy

While pharmacists are breathing a sigh of relief now that the Government has banned the sale of drugs by mail order, a more welcome association of pharmacy and the Post Office has taken place in a small town in northern Germany.

Germany's Post Office, as in Britain, has been closing increasing numbers of small branches in recent years for reasons of cost. To replace them, they have been opening 'mini post offices' in bakers, butchers and corner shops and there are now some

5,000 of these, predominantly in rural areas.

For the first time, a mini post office has been opened in a chemist's shop in a region that has long been the butt of national jokes about the slow-witted nature of its inhabitants.

The last laugh may well be on the jokers, however, as the population of Kremperheide has not only saved its unprofitable post office threatened with closure, but gained a pharmacy and so overcome the need to travel 10km to the nearest large town.

Government fears crippling cost of Viagra

The German authorities want to exclude Viagra from the list of medicines reimbursable by the health insurance schemes because they fear a crippling increase in drug costs.

The decision of the committee of doctors and health insurers who advise the Government on these matters, was based on the 'uneconomic' nature of the product especially in view of the associated possible misuse.

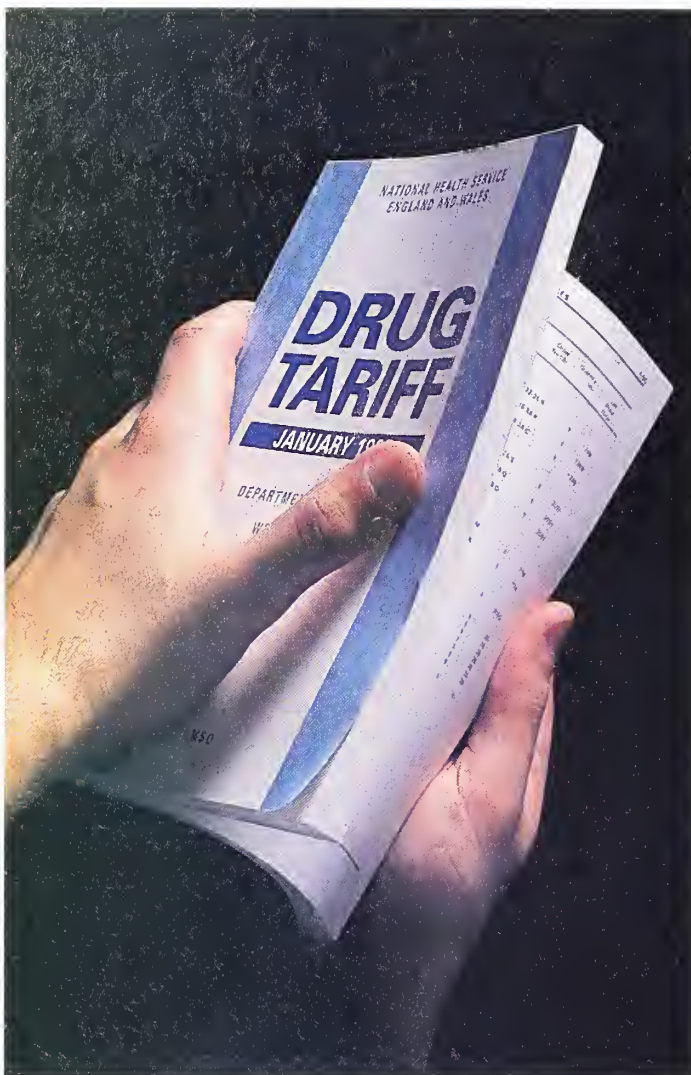
This will probably be contested in the courts as the likely price in Germany of about \$10 per tablet hardly makes it the most expensive drug on the market.

Pfizer and a German group of

leading research-based pharmaceutical companies want Viagra to be prescribable only for patients with diabetes, paraplegia, prostatectomy, Parkinson's disease, MS, and those undergoing dialysis, an estimated total of around 320,000 people.

If 60 per cent of such patients were allowed the drug, the opponents of the ban predict it would account for just 1 per cent of the total drugs budget.

In the view of one commentator, however, Viagra could be just the tip of an iceberg of 'lifestyle' drugs in the pipeline for obesity, baldness, slack muscles and bad skin, all of which could pose similar problems for health funding.



You are a pharmacist working in England. A former colleague asks you if you can do a week's locum for him at his shop in Edinburgh. You are aware that there is a separate Drug Tariff for Scotland and there may be other differences for practice in Scotland

Questions

- 1** Apart from the Tariff, what are the most striking differences in being a community pharmacist in Scotland compared to England?
- 2** Are there any differences in legislation?
- 3** What are the differences between the two Tariffs?
- 4** Are there any special prescription forms in Scotland?

Answers

- 1** In Scotland the most striking difference is that the National Health Service prescription forms have a slightly different design, with the left margin being absent. The forms bear the initials GP instead of FP, for example, the Scottish version of the England FP10 form is the GP10. The Family Health Service Authority (FHSA) in England is replaced by the Health Board, which has similar functions.
- 2** Virtually all the requirements that apply in England will apply in Scotland. There are some differences in the law and until the end of July one of these applied to the sale of Methylated Spirit

and Surgical Spirit. You were required to keep a register of sales, and the purchaser had to declare the purpose for which he or she was obtaining the spirit.

4 The Scottish Drug Tariff is similar to the England & Wales edition, though the order of content is different. The Scottish Tariff is published quarterly. The lists of appliances are largely the same, though there are a few additional items allowed, particularly extra sizes of some dressings. The list of 'standard drugs and packs' is more compact than in England, and in general no endorsement is required for these lines; it excludes some products that are available only as proprietary eg Olanzapine tablets (Zyprexa(R)).

4 The Stock Order form GP10A is unique to Scotland and is used by Practices to requisition drugs and dressings for the immediate treatment of patients. A few appliances may not be supplied on this form such as hypodermic syringes and needles, and some items are only allowed on this form, such as some of the sutures. Otherwise, it should be handled in a similar manner to an ordinary prescription form.

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CDD

Taming the IT beast

Computers can be more than glorified label printers, provided you know what to look for, as **Stacey Sadler** reports

Can you imagine running your pharmacy without a computer? IT has become an integral part of the pharmaceutical system in a relatively short time. And the pace of IT development is breathtaking – no sooner have you updated your system than it seems out of date.

Computers can benefit both the professional and business aspects of a pharmacist's job. On the business level, pharmacists are paid as part of the contract for maintaining a patient medical record (PMR). A computer is used to generate the label that is put on the prescription when it is dispensed. But there are no such contractual requirements for the business management of a pharmacy, so the use and development of software to manage the business of community pharmacy is less well-developed.

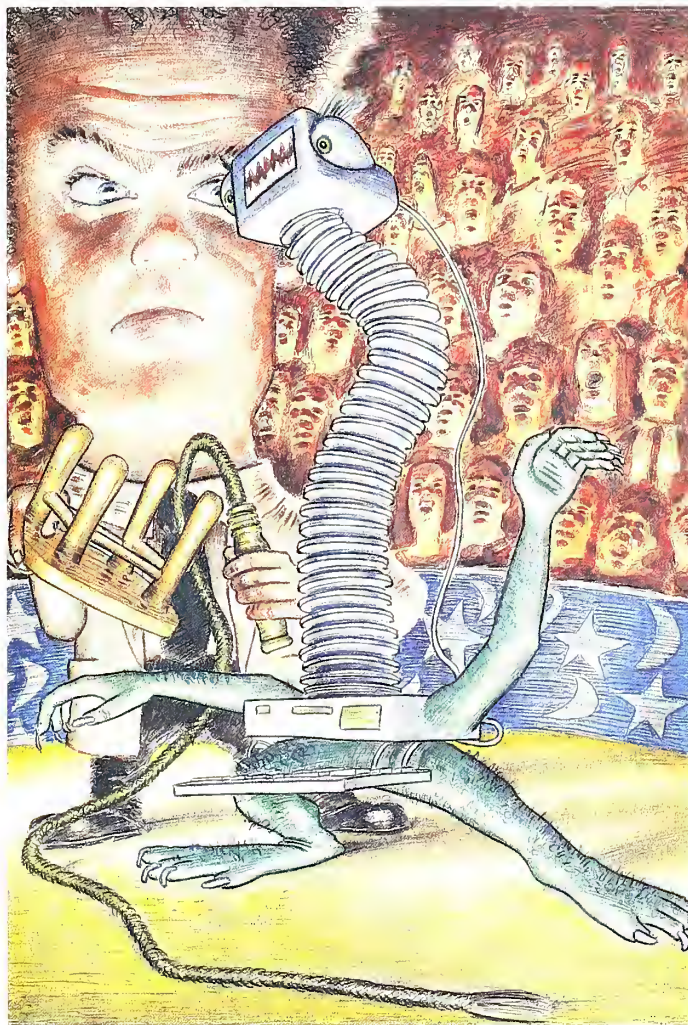
It is worth taking an interest in this software because it could help you in all aspects of business management, including stock management, financial management, staff rotas, administration and planning.

Stock management

With the development of the bar code over the past ten years, the ability to develop stock control systems and obtain detailed analysis of sales performance has been greatly enhanced. A number of IT suppliers have developed EPoS systems. These are attached to the till and use the bar code to record the sale of every product.

The system can then identify when stock levels reach a critical point for re-ordering, enabling you to maintain stocks at the optimum level, while satisfying customer needs. It also helps you to avoid having large amounts of capital tied up in slow moving stock items.

Such integrated stock management systems are not cheap, but the expense must be measured against the savings to be gained from more economical stock holding and your time.



Financial management

Financial management is crucial. The ability to analyse and control costs, to maintain cash flow and to produce the various documents associated with financial control, such as invoices and VAT returns, have been dealt with in previous articles in *Chemist & Druggist*. In general, software specifically produced for community pharmacy has only recently addressed your needs for financial systems. There are, however, a wide variety of financial software packages available for different types of retail businesses, such as Sage, Observe and Microsoft Money.

Purchasing a system

Considering the rapid pace of IT changes, you should consider carefully how your IT needs might alter over the expected life of the system you want to buy. Issues to consider include:

- **hard disk size** – this is where

all the information on your computer is stored. Over the past five years average disk capacity has increased 75 times. The prices of computer systems, meanwhile, are continuously falling

- **RAM capacity** – if this is too low, it will slow down the speed of your machine. The average RAM capacity on machines has increased eight times over the past five years

- **whether or not you want a CD-ROM drive** – valuable reference materials, such as Martindale and BNF, are now available on CD-ROM. Having these facilities on your computer enables you to look up information a lot faster

- **how many terminals you want** – most pharmacies have just one stand-alone PC, which is often used only to generate labels. Current operating software offers 'multi-tasking': the ability to carry out more than one task at the same time. To make the best use of this facility, your

pharmacy should have several terminals networked to a central PC. This would allow you, for example, to look up something on the CD-ROM, while your technician is issuing a label, and the accountant is looking at financial information. The restriction here is the space available within your pharmacy to locate all these terminals

- **connection to the Internet** – many organisations now have e-mail addresses or web sites. Most health authorities and an increasing number of GPs have access to the 'net'. Internet connection with your local health authority, GP or suppliers would produce faster communication

- **the expected useful life of the computer** – accountants normally depreciate computers after four years. To enable you to make best use of the technology available, your pharmacy's business plan should make provision for regular updating of your hardware and software.

Major developments

One of the most immediate issues is the millennium bug, particularly because more than half the systems used in pharmacies are not millennium compliant. Computers and software which only use a two digit year ie 98 instead of 1998 will need to be replaced or adapted. You can get advice from your supplier.

A second major influence will be the introduction of electronic data interchange (EDI). Pilots are currently testing the electronic transfer of prescriptions from the GP to pharmacy and pharmacy to the PPA. A number of ethical and confidential issues will need to be addressed before these activities become commonplace. EDI's development provides great opportunities for you to contribute to the primary health care team from your pharmacy. The benefits of EDI can be seen now in the expansion and uses of the Internet.

IT seems to offer a glorious new world. A few last words of advice: since IT technology is complex, the way you use your system must be determined by your business' needs – don't run the business to meet the demands of the IT system.

Stacey Sadler is MEL Research's health and social care research manager.

Device to squash millennium bug in PCs

An Essex-based software firm has launched a device to protect PCs from the millennium bug.

Trafford, based in Witham, has called its device the Millennium Timepeace. It consists of a miniature quartz clock and calendar inside an electrical unit, which is plugged into the printer port at the back of the PC. The user then

loads software that comes with the Timepeace.

When plugged in, the Timepeace ensures the computer's internal clock corresponds with its own time and date.

Alan Enright, a Trafford director, said pharmacists would not need specialist skills to attach the device.

He said the user need not do anything else once Timepeace had been set up. "Unless the device doesn't function, there isn't any way you would not be [year 2000] compliant because the programme is seeking out the real time clock in the PC."

If the PC has ignored the time set by the device, the software

flashes a warning on the screen.

Timepeace has an internal battery which has to be recharged every nine months.

Millennium Timepeace retails at \$55 and will be available in the autumn. It can be ordered via the Internet at: Traffordinc.com, or by calling the company on: 01376 500616.

Kimberly-Clark cuts coupon redemptions to three months

Kimberly-Clark (KC) has reduced the redemption period on its coupons from six months to three, partly to combat a retail fraud scam that has cost the company \$2m.

KC first made the switch six months ago and has been working closely with the National Pharmaceutical Association to ensure pharmacists are aware of the change.

Edwin Mutton, KC's UK promotions manager, said it was not under any legal obligation to allow six months for redemptions. The period set is only a voluntary guideline, he added, and could be amended anytime.

He stressed KC would listen sympathetically to any pharmacists with queries. "Chemists are not the best retailers when it comes to checking coupons and

sending them off. But we have no wish to antagonise them – we'll listen to any queries and judge each case by its merits," he said.

Over the past few months, he added, KC had received 30 queries. All were from pharmacists and involved about 1,000 coupons. Every coupon was honoured, even though 60 per cent of them were past their redemption date.

'Misredemption', where retail-

ers honour coupons past their redemption date, cost manufacturers of fast-moving consumer goods about \$50 million a year.

Supermarkets, according to Mr Mutton, often exacerbate the problem because they accept any coupons. He admitted some supermarkets, which stock magazines, leaf through old issues and cut out promotional coupons to use themselves.

Retail Workshop introduces Pro\$itmaker web site

Retail Workshop, which launched the Pro\$itmaker software for independent pharmacies in spring, has introduced a web site to promote the programme.

Pharmacists who access the web site, which is at www.retail-works.co.uk, will be able to see how Pro\$itmaker works and, if they want, they can place an order for it.

Paul Ford, RW's director, said pharmacists should eventually be able to download individual Pro\$itmaker modules from the Internet. "We don't have the facility to separate the modules right now, but we could have in 12 months' time," he said.

Perceptions about the Inter-

net's security might have changed by then, he added, which would enable pharmacists to pay for their modules with credit cards.

RW's immediate aim is to write and distribute the first set of Pro\$itmaker's updates, which are free to those who have already bought the programme, by the end of the year.

Pro\$itmaker uses a question and answer format to check how a pharmacist's business is run. It then assesses the pharmacy's strengths and weaknesses and produces a training book addressing the outlet's needs.

Mr Ford said Pro\$itmaker's sales had exceeded his expectations since it was launched,

through the National Pharmaceutical Association, in March. RW had exceeded its six month sales target within six weeks.

The company is talking to a few organisations, including Nucare, who are interested in the software.

● The NPA will be updating and redesigning its web site later this year. A major change will be a 'click and send' facility for products ordered through the NPA's directory. When the pharmacist clicks on the desired products, they are sent out automatically. Pharmacists had to send in their orders via e-mail under the previous system. The NPA's web site has been running since September 1996.

Customer service

Warner-Lambert has launched a customer service group that will support the company's customers and those of Parke-Davis, Warner-Lambert Consumer Healthcare and Adams.

Celsis tests 'hygiene pen'

Celsis International, a biotech company specialising in devices that detect microbes, is testing a disposable hygiene monitoring 'pen' in Sainsbury and Burger King outlets. The device changes colour if it detects contamination. Celsis said the device could eventually be used by consumers. It plans to launch the product at the beginning of next year.

Late payment guide

The Better Payment Practice Group, which comprises a variety of business organisations, has published a free guide on the recent late payment legislation: Late Payment of Commercial Debts (Interest) Act 1998. To order a copy telephone: 0870 150 2500 during office hours.

New address

H E Daniel, a manufacturer whose products include aromachemicals, essential oils and oleoresins, is moving from Kent to Cleveland from August 17. Its new address will be: Belasis Avenue, Billingham, Cleveland, TS23 1LQ; telephone: 01642 379900.

POM ads for patients ruled out

Health Secretary Frank Dobson has ruled out the advertising of Prescription Only Medicines directly to patients.

In an interview published in the *Pharmaceutical Times* of August 6, Mr Dobson says that "the public will not know enough to be subjected to advertising campaigns".

"The idea of cutting out a pharmacist is probably not a sound view nor provides a sound future for the pharmaceutical industry," he says. "I have no doubt this would bring the pharmaceutical industry into total disrepute."

Alpharma's Dumex to merge with Cox

Dumex, a subsidiary of US-based Alpharma, is integrating its head office with Cox Pharmaceuticals in Barnstaple, Devon.

The move reflects Alpharma's plans to integrate its UK operations following the acquisition of Cox in May.

Dumex's offices in Tring, Hertfordshire will be closed from August 28, and until then, customers can still contact the company through the usual channels.

Dumex is expected to retain its name until December. Alpharma had not decided, as *C&D* went to press, what name the combination of Cox and Dumex would be given.

From September 1, any queries relating to Dumex's operations should be directed at Cox, telephone: 01271 311200. And mail for Dumex should also be sent to Cox's address.

Those who want to order Dumex products can do so by telephoning a freephone number: 0800 373573.

Roger Bell, Dumex's commercial manager, said the integration would create synergies when the companies sought to expand.

David Green, Cox's managing director, becomes managing director of Dumex. He has also been appointed Alpharma's senior vice-president for western Europe.

Regulation to help 'orphan drug' producers proposed to EC

Manufacturers of drugs to help rare diseases would gain exclusive distribution rights for ten years throughout the European Union, under a regulation proposed to the European Commission.

The arrangement would allow

producers of 'orphan drugs', which treat diseases affecting up to five in 10,000 people, to recover the costs of manufacturing the products in low quantities. And the European Medicines Evaluation Agency would help to prepare the clinical trials.

Without such incentives, according to the regulation's proposer, producers might find such drugs too costly to develop.

To safeguard the interests of patients, the distribution rights could be withdrawn if the producer is unable to supply enough

quantities, or if another safer, more effective product is launched.

● More than 770 Citizens Advice Bureaux, plus 1,100 other outlets, will be offering UK consumers advice about their rights under European law.

Glaxo weathers Zantac storm



Sir Richard Sykes, GW's chairman, expects a "very different picture" during the second half, giving the company confidence to deliver its promises

Glaxo Wellcome's shares leapt 9 per cent to 1,897p, even though the group's pre-tax profits had fallen 21 per cent to \$1.244 billion during the first half, while its sales were down 6 per cent to \$3.865bn.

Investors took heart from GW's message that it had weathered the full impact of Zantac and Zovirax's expired patents, and that its performance would be much better during the second half.

GW's share price had settled at 1,888p when *C&D* went to press.

Zantac's sales fell 49 per cent to \$382 million during the first half, while Zovirax was down 38 per cent to \$201m.

John Coombe, GW's finance director, said both drugs had not felt the full heat of generic competition during the first half of last year – that set in during the second half. Since then, GW's business had stabilised.

GW's sales, excluding Zantac, grew 11 per cent at constant exchange rates. Zantac accounts for only 10 per cent of the group's

sales now, whereas its share was 43 per cent in 1994.

Sir Richard Sykes, GW's chairman, said: "These patent expiries have gone, and with the contribution of new products, our profits will grow in the second half. That's what gives us the confidence to say we'll deliver our promises on 1998 and 1999."

Overall results were still affected by the strong pound. Mr Coombe said it could knock off 6 per cent of the group's year-end sales if it remains at its current level.

GW's UK sales fell 17 per cent to \$253m – the only European market where the group failed to increase its sales. Bob Ingram, GW's chief executive, said it had been affected by a combination of Zantac's expiry and parallel imports. He said business would pick up during the second half.

GW's US sales, meanwhile, fell 8 per cent to \$1.707bn.

Some of its best performing products include Flixotide, whose sales grew 71 per cent to \$226m, Combivir, up more than

100 per cent to \$111m, and Wellbutrin, up 100 per cent to \$146m.

GW expects to launch five products by the end of 1999: abacavir and amprenavir for HIV/AIDS; Zeffix for hepatitis B; Seretide for asthma, and Relenza for influenza.

● GW and Warner Lambert plan to dissolve their OTC joint venture, which sells OTC versions of Zantac 75, Zovirax Cold Sore Cream and Beconase hayfever treatment. Warner-Lambert will have marketing rights for Zantac 75 – licensed to treat heartburn – in the US and Canada, while GW will regain the brand's rights elsewhere. GW will also gain global rights to Zovirax cold sore cream and Beconase hayfever treatments.

Future products with the potential to switch from prescription to OTC will be marketed by GW again.

The joint venture, which is expected to be dissolved by December, had first half sales of \$9m. GW's investment in the venture is worth about \$7m.

Lloyds TSB introduces pharmacy banking managers

Lloyds TSB has set up a network of 34 pharmacy business banking managers, part of a wide-ranging programme to introduce managers specialising in particular business fields.

Aside from having traditional banking skills, the managers have been trained by people within the pharmacy industry. "The training should help them to

understand pharmacists' needs, which means they will be in a better position to support them," said a spokesman for Lloyds TSB.

The bank will be rolling out a team of specialist managers every two months – the next team will specialise in doctors and dentists, followed by accountants and solicitors.

NPA cuts travel insurance premiums

The National Pharmaceutical Association is cutting its insurance premiums by 10 per cent during August.

It said the reduction, which runs for four weeks, would soften the blow of legislation that increased the Insurance Premium Tax (IPT) from 4 per cent to 17.5 per cent on August 1.

Previously, insurance brokers

could levy an IPT of 4 per cent, whereas insurance bought from a travel agency, as part of a holiday package, automatically had an IPT of 17.5 per cent.

Everyone now has to levy the same IPT rate, although the NPA said its travel insurance scheme, and others run by insurance agencies, still offered lower premiums.

ADVANCE INFORMATION

The Healthcare Division of the **International & Exhibitions Group (ITE)** is holding Hospital '98 – a health care exhibition – in St Petersburg, Russia, on **21-24 September**. For more information, contact ITE London, telephone +44 (0)171 266 1126.

The **British Association of Pharmaceutical Physicians** is holding a symposium on **October 21** at the Commonwealth Conference and Events Centre, High Street Kensington, London W8. 'Ethical Review Clinical Practice and Pharmaceutical Medicine: An Update'. Further details are obtainable on telephone +44 (0) 171 404 3404.

The **Society of Cosmetic Scientists** is holding a residential postgraduate course in Cosmetic Science on **November 1 and 6**, at the Stakis Bournemouth Hotel, Westover Road, Bournemouth, Hants. Details and Registration Forms are available from The General Secretary, GT House, 24-26 Rothesay Road, Luton, Beds, LU1 1QX. Telephone

+44 (0) 1582 726661.

Clinical Audit '98 will hold its Annual Conference and Exhibition on **November 12-13**, at the Harrogate International Conference Centre. For further details and queries call the conference helpline on telephone 0151 709 8979 and speak to Jan Carlyle or Kelly Owen.

The Economist Conferences in association with Gemini consulting Ltd and Cap Gemini will be hosting the **5th Pharmaceuticals Conference** on **November 12-13**, at Le Meridien Hotel, London. For further information please contact Andy Foulkes, The Economist Conferences, telephone +44.(0)171 830 1076.

The **British Association of Pharmaceutical Physicians** is holding its Chairman's Evening on **November 13** at the House of Lords, London. 'Politics and the Pharmaceutical Industry'. For further details contact Elizabeth Borg at BrAPP, 26-28 Bedford Row, London, WC1R 4HE. Telephone +44 (0) 171 404 3404.

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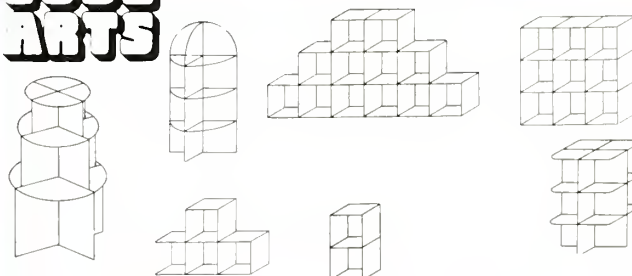
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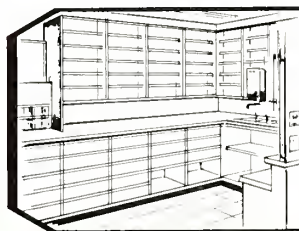
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ABOUT people

Lincoln MP returns to pharmacy

Former pharmacy assistant Gillian Merron, MP for Lincoln, visited a pharmacy last week at the invitation of Lincolnshire Local Pharmaceutical Committee.

Ms Merron's visit took her back to the age of 16 when she worked on Friday evenings in a pharmacy. Her visit to the Tower Pharmacy, owned by Lincoln Co-operative Chemists, prompted her to suggest that a two-way line of communication be established for sharing information and views on pharmacy and the NHS.

LPC chairman Keith Swann and LPC member and pharmacist on duty Simon Lawson showed the MP around the pharmacy. Among the subjects discussed were training, the role of pharmacists, IT and resale price maintenance.

Scope for the industry to help

A Worcester pharmacist is joining 90 other people on a six-day walk through the Himalayas to raise money for Scope.

Sheena Bescoby, who works at Giles Pharmacy in the town, hopes to raise at least £2,000 by taking part in the Nepal Hike Away which begins on February 12. The walk will take her through the Helambu region in areas that are only accessible by foot and where night-time temperatures regularly fall below zero.

She wants the pharmacy industry to help her reach her target and raise money for sufferers of cerebral palsy.

"This is a serious challenge for me and I do not want to let down my sponsors. I am training at least three times a week in the gym and in the hills," she says.

Anyone who wants to help can call Giles Pharmacy on 01905 451157.

Patience please, says Business Services – we've got the builders in

If you have been having difficulty getting through on the phone to the Business Services Department at the National Pharmaceutical Association, there's a good reason for this.

Due to building works at Mallinson House, which has



Firebirds fly to race win

A team from Moss Chemists won the Imperial Cancer Research Dragon Boat Challenge at Henley. Moss, based at Feltham in West London, raced two 16-strong teams and it was the novice crew, Moss Firebirds, who won the 350m race, with Moss Dragons, last year's winners coming fifth. Both teams go on to the national finals in Cardiff next month



London celebration for Mercy ship

The *MV Anastasis*, flagship of the Mercy Ships fleet, docks in London next month to celebrate the 20th anniversary of the fleet.

The *Anastasis* is the world's largest non-governmental hospital ship, taking much-needed medical treatment, engineering and agricultural skills to some of

the world's most deprived areas. On board are three fully-equipped operating theatres, a dental clinic, laboratory and an X-ray unit. All the crew are volunteers, paying their food and insurance costs. The ship leaves London on September 22, sailing to Guinea in West Africa.

APPOINTMENTS

NPA appoints six new branch secretaries

The National Pharmaceutical Association has approved six new branch secretaries: **Stuart Cubbin** (Birkenhead and Wirral); **Christine Robinson** (Crewe and South Cheshire); **Brian Morgan** (Hartlepool & District); **Bernard Bullock** (Macclesfield and District); **John Larvin** (Middlesbrough & District) and **Martin Bennett** (Sheffield).

The new chairman of the Committee on Safety of Medicines is its current vice-chairman, **Professor Alasdair Muir Breckenridge**. Professor Breckenridge, whose appointment is effective January 1 1999, is professor of clinical pharmacology and head of the department of pharmacology & therapeutics at Liverpool University. He has been a member of the CSM for 15 years.

Geoffrey Vernon has been appointed a non-executive director of Innovative Technologies Group plc. Mr Vernon, who works part-time for the Rothschild Bioscience Unit, has launched a new business, Ziggus Holdings, which provides non-executive directors and chairmen to life science companies.

Dominic Box, new marketing director of Cussons (UK), joins the company from Nestle, where he was a marketing controller.

JRC, the pharmacy computer supplier has appointed two new part-time trainers, **Elisabeth Brookes** and **Paramjit Kohli**, to consolidate installations of the company's Windows 95 program SunRise. Elisabeth is a pharmacy locum and Paramjit previously worked for AAH.

Wyn Mainwaring, the new commercial director of Swallowfield plc, the contract filler of toiletries, cosmetics and household goods, is a former operations director of L'Oréal and has more than 25 years experience in cosmetics, skin care and fragrance manufacture.



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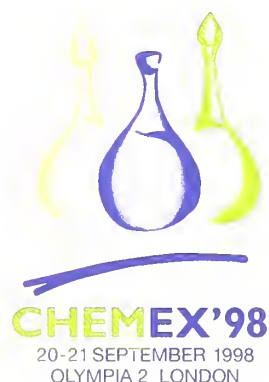
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
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